



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB “An After School Enrichment Program” 2018-2019 Registration Form

Our Philosophy

- To provide quality care for children, regardless of socio/economic background.
- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support and care.

The Y Club program provides a high quality, safe, convenient, recreational environment for children regardless of ability.

Open communication and collaboration with the school regarding your child’s behavior and individual needs will be ongoing.

The Y Club program centers on Enrichment Zones, which provides children with free and planned choice options. Additional Enhancement Activities are also implemented to compliment the school day. The Y believes that children learn through play and structured recreational activities.

Benefits of the YMCA Program

- Serves youth in kindergarten through 5th grade
- Conveniently located at your child’s school
- Closes as late as 6:00 p.m.
- Trained, caring, professional staff
- Planned, recreational and enhancement activities focusing on fun, learning and the development of a positive self-image.

Y Club Sites

Aviston Elementary
350 S. Hull St.
Aviston, IL 62216
(618) 228-7245

Financial Assistance

Financial assistance toward program fees is available for those with a demonstrated financial need. However, we do ask families to complete the DCFS (CHASI) income evaluation process. Families that do not qualify for state subsidy funding will be considered for YMCA financial assistance. Applications are available at the Clinton County YMCA. State Child Care Assistance is accepted.

Enrollment Dates

Current Enrollees: April 1-30, 2018. New Enrollees: Begins May 1, 2018 (Current enrollees with Kindergarten siblings will take priority over new enrollees.)

Registration Process

The *non-refundable, non-transferable* registration fee is **\$25 for one child** or **\$50 per household**. To hold a space for your child, please complete this Registration Form and return to the Clinton County YMCA with your registration fee. To guarantee attendance on the first day of school, you must register at least one week prior to that date. Registration is a first-come, first-served basis, so sign up early as space is limited. Additional enrollment forms must be completed before students are admitted to the program.

2018 – 2019 Monthly Program Fees

Member

P.M. - \$210

Non-Member

P.M. - \$232

*Sibling discount available.

*Child must be included on Household Membership to receive the member rate.

*Rates subject to change

Membership

The best way to enjoy the Y is to be a member! Being a Y member gives you added discounts to child care cost.

Transfer Fee

A \$25 fee will be charged to change your child's registered session.

Questions

If you have any questions you can contact Katie Kimmle, Child Care Director at (618) 526-5628 or email at Katie.Kimmle@gwrymca.org.

Inclusion Services Available

Our YMCA welcomes participation by children of all abilities. The Y provides a recreational environment for children and teens with and without disabilities through added support staff, when needed, to facilitate successful participation in the programs, when appropriate.

Parents/guardians of children with specialized educational documents will be contacted by the Director at the Clinton County YMCA.

You must submit a current IEP/BIP/504 Student Accommodation Plan and complete the Inclusion information forms before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.



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Please complete one form per child

School Site	Requested Start Date		
		M	F
Child's Name	Gender		

Address	City	State	Zip Code
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Date of Birth	Grade
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Parent/Guardian I	Home Phone	Cell Phone
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Home Address	Preferred E-mail Address
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Employed By	Work Phone
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Work Address	City	State	Zip Code
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Parent/Guardian II	Home Phone	Cell Phone
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Home Address	Preferred E-mail Address
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Employed By	Work Phone
-------------	------------

Work Address	City	State	Zip Code
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Session:

Days Attending:

PM _____

M_____**T**_____**W**_____**Th**_____**F**__

Desired Start Date _____

Payment Options:

Is there a:

Chronic / Severe Health Condition _____Yes _____No
(Asthma, Diabetic, etc.)

Custodial Agreement Yes No

**Individual Education Plan Yes No

**Behavioral Intervention Plan Yes No

**504 Student Accommodation Plan Yes No

** You must submit a current IEP/BMP/504 with this registration form and complete the Inclusion Information forms before program participation is authorized. Enrollment will NOT be considered final until **all** required processes have been met. Chronic Health and Custodial Agreements forms must be submitted on the first day of school.

THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE. By signing this contract, I understand that I have registered for the above session/times and are therefore responsible for payment for each month, whether my child attends or not, as long as my child is enrolled in the Y Club program. I understand I will receive no credit for missed days.

Should I need to change my schedule, I must notify the Clinton County Y one week prior to that change and will pay a \$25 change fee. If my child is absent for 2 weeks without notification, I understand my child will be dropped from the program. I certify that all information provided is complete and correct, to the best of my knowledge.

I will be held responsible for all policies and procedures listed in the Family Handbook. I understand I can access the Family Handbook through the Clinton County YMCA website or request a hard copy from the service center or at my childcare site.

Parent

Signature _____ **Date** _____

YMCA USE ONLY

YMCA Member # _____ Non Member # _____ Date _____

Amount Paid _____ Receipt Number # _____ Staff Initials _____