

YMCA of DeKalb County, Inc  
SACC Program  
2011/2012 School Year

Child's Full Name: \_\_\_\_\_ School: \_\_\_\_\_  
(Please complete one form per child)

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

Email Address: \_\_\_\_\_ Grade Fall 2011/12: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**Please initial that you understand the following:**

\_\_\_\_\_ I understand that the registration fee of \$30 will be waived if completely registered by May 15, 2011, along with first Week's tuition paid up.

\_\_\_\_\_ *I understand that I will be charged for the School Age Child Care program regardless if my child attends, or if there are scheduled or unscheduled days off of school. The cost of the program is averaged throughout the school year.*

\_\_\_\_\_ If I choose to withdraw my child from the program, I must do so in writing with at least 2 weeks' notice and hand in the notice to the North Street Y front desk.

\_\_\_\_\_ If I choose to change my child's schedule, I must do so in writing and a \$10 charge will occur.

\_\_\_\_\_ My child will be dropped off/picked up and signed in/out of the program by an adult at least 18 years of age or older whom I have listed on my pick-up authorization form and that I or another adult will be asked for a picture ID.

\_\_\_\_\_ I understand that the SACC Program ends daily at 6:00pm. Any participants not picked up by 6:05pm will be charged a late fee of \$1.00 per minute / per child made payable to the YMCA.

\_\_\_\_\_ I understand that I will follow all of the rules and policies of the program to have my child eligible to attend.

**Permission to Treat:** I hereby give permission to the staff at the SCACC program, in the event I cannot be reached in an emergency, hereby secure proper treatment for my child as named above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Transportation Authorization:** I hereby give permission for my child to travel by bus, van or walking. I understand that only licensed and qualified personnel will operate any vehicle to and from the program, and that there will be at least one or more staff member present at all times. I agree to release all the branches of the YMCA of DeKalb County, Inc., and DeKalb Central United Schools and the program staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation on these bus or van trips.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Promotional Agreement:** The program has my permission to use photographs of my children in promotional material.  
Yes \_\_\_\_\_ No \_\_\_\_\_ (initial one)

**I understand and agree to the aforementioned:**

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

## SACC Program Registration Form

### CHILD'S INFORMATION

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Grade in 2011/12 \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

Please state custody arrangements and provide necessary documentation:

#### Primary Person to Notify in Case of Emergency:

Name \_\_\_\_\_ Phone (during program hours) \_\_\_\_\_

**PICK-UP INFORMATION:** I authorize only the people named below to pick up my child. (All information needs to be filled out completely, or the person will not be allowed to pick up your child. **Parents, include yourself.**)

| Name | Address | Work Phone | Cell | Relationship |
|------|---------|------------|------|--------------|
| 1.   |         |            |      |              |
| 2.   |         |            |      |              |
| 3.   |         |            |      |              |
| 4.   |         |            |      |              |
| 5.   |         |            |      |              |

*\*Photo ID needed to release your child in your or anyone other designated persons care.*

Any medical conditions, injuries or allergies we need to know about?

\_\_\_\_\_  
\_\_\_\_\_

**School Age Child Care Program  
Participant Waivers**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or 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 of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program 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 of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, 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. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

**Parent or Guardian:**

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

**School Communication Waiver**

I understand that as part of my child's participation in the SACC Program that there may be times that communication may need to be made between the program staff and the school personnel for the benefit of my child and their safety. I hereby give permission to the school personnel and the SACC Program site staff to communicate with each other in regards to my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SACC PROGRAM PARENT HANDBOOK & REGISTRATION PACKET**

This is to acknowledge that I have received a copy of the *Handbook/Registration* information, which has an effective date for the 2011/12 school year. I understand that this handbook outlines my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the SACC Program.

Parent's Name (print) \_\_\_\_\_

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

**Please return all completed registration paperwork and first week's tuition to the North Street Y by May 15, 2011 to have the \$30 registration fee waived.**