FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lake County YMCA

School Age Child Care Registration Form

CHILD'S NAME	FIRST	LAST	M.I.
ADDRESS		CITY	ZIP
AGE	DATE OF BIRTH	GENDER	

GRADE ENTERING IN FALL: ☐ K ☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH ☐ 5TH ☐ 6TH

PARENT / LEGAL GUARDIAN	FIRST	LAST	DOB
ADDRESS		CITY	ZIP
CONTACT INFORMATION			
HOME PHONE		CELL	WORK
EMAIL			

CHILD'S SCHOOL	☐ School of Innovation (SOI)

Hours of Operation: 6:30AM and Ends at 6:00 PM.
Registration Fee: $25 Per Child / Nonrefundable
Financial Assistance is available based on need. Please call the Child Care Director for more information.

Child Care Director: Pattie Ritt / Email: pritt@lakecountyymca.org / Phone: 440-710-6754

PROGRAMS

BEFORE AND AFTER CARE

Program Options	No. of Days	Hours Per Day	Drop Off	Pick Up	Cost Per Wk.
☐	4 or 5	6:30 AM Drop Off / 3.4 Hours After	6:30 AM	By 6:00 PM	$108.00

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

BEFORE CARE ONLY

Program Options	No. of Days	Hours Per Day	Drop Off		Cost Per Wk.
☐	4 or 5	1.1 Hour	6:30 AM		$24.00
☐	1, 2, or 3	1.1 Hour	6:30 AM		$14.50

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

AFTER CARE ONLY

Program Options	No. of Days	Hours Per Day		Pick Up	Cost Per Wk.
☐	4 or 5	3.4 Hours		By 6:00 PM	$84.00
☐	4 or 5	2.4 Hours		By 5:00 PM	$60.00
☐	4 or 5	1.4 Hours		By 4:00 PM	$36.00
☐	1, 2, or 3	3.4 Hours		By 6:00 PM	$50.40

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Youth Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Lake County YMCA, herein after referred to as the YMCA, (or for my children to so participate) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, regardless of location, the undersigned, for himself or herself and such participating children 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 or event. It is further warranted that such entry into the YMCA or other non-YMCA venue for observation or use of any facilities or equipment or participation in such affiliated program or event constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated program or event 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 by the undersigned, and such children.

ACKNOWLEDGEMENT OF RISK
I hereby acknowledge and agree that participation in program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but in no way limited to: slips, trips, and falls; aquatic injuries; athletic injuries; and illness, including exposure to and infection with viruses or bacteria. These risks could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. I further acknowledge that the preceding list is not inclusive of all possible risks associated with membership participation and that said list in no way limits the operation of this Agreement.

CORONAVIRUS/COVID-19 WARNING & DISCLAIMER
Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Lake County YMCA programs or accessing Lake County YMCA facilities could increase the risk of contracting COVID-19. Lake County YMCA in no way warrants that COVID-19 infection will not occur through participation in Lake County YMCA programs or accessing Lake County YMCA facilities.

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 OFF-SITE PROGRAM OR EVENT AFFILIATED WITH THE YMCA, REGARDLESS OF LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILD LISTED ON THIS WAIVER, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, the organizers, volunteers, supervisors, participants, coaches, referees, agents, as well as, persons or parents transporting participants to and from activities (hereinafter referred to as "THE Y") from all liability to the undersigned or such child and all his or her 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 the death of the undersigned or such child, whether caused by the negligence of the THE Y or otherwise while the undersigned or such children are in, upon or about the premises or any facilities or equipment therein or participating in any program or event affiliated with the YMCA, regardless of location.
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE Y and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such child 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 or event affiliated with the YMCA whether caused by the negligence of THE Y or otherwise.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY LOSS OR DAMAGE to the undersigned or such child due to the negligence of THE Y or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment therein or participating in any program or event affiliated with the YMCA, regardless of location.
- THE UNDERSIGNED HEREBY AUTHORIZES the YMCA staff or their agents to administer First Aid, CPR or AED to myself or my authorized child named below in the event of an emergency. In the event I cannot be reached, or if I am unresponsive due to my own medical emergency, I authorize the YMCA to seek medical care for myself and the child listed below, and hereby give permission to the attending physician to order X-rays, routine tests and provide any other medically appropriate treatment. I further understand that the Lake County YMCA is not responsible for payment for such medical treatment.
- THE UNDERSIGNED HEREBY ACCEPTS this Agreement on behalf of the child named, and represents that they are entitled to execute this Agreement as either the parent or legal guardian of the child and that by doing so, agree to be personally responsible for any claims brought by the child.
- THE UNDERSIGNED HEREBY AGREES this Agreement will apply for every day a participant engages in any activity or event without requiring the undersigned or participant to sign an additional agreement for each day, season, or year, until a new release of liability and waiver of legal rights is executed by or on behalf of the undersigned or participant, or is revoked in writing and that writing is accepted in writing, signed by the THE Y authorized representative.
- This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable to the full extent permitted by law.

THE UNDERSIGNED FURTHER UNDERSTANDS THE LEGAL CONSEQUENCES OF SIGNING THIS AGREEMENT, INCLUDING RELEASING THE LAKE COUNTY YMCA FROM ALL LIABILITY AND ASSUMING ALL RISKS ASSOCIATED WITH ANY ACTIVITIES ENGAGED IN THROUGH THE LAKE COUNTY YMCA

Parent/Legal Guardian:

First Name:_____Last Name:_____

Signature:_____Date:_____

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Lake County YMCA
Payment Authorization Form

CHILD'S NAME

FIRST	LAST		M.I.
ADDRESS		**CITY**	**ZIP**
AGE	**DATE OF BIRTH**	**GENDER**	
School: ☐ School of Innovation (SOI)			

PAYMENTS:
The Lake County YMCA requires automatic draft for your child care payments from a credit/debit card or EFT (Electronic Funds Transfer).

- Payments are due and will be withdrawn the Saturday before each week of care
- Nonpayment may cause your child to lose his/her space in the program

ADDITIONAL FEES:

- I understand that my weekly fee is due on the Saturday before each week of care and must be made by automatic payment to my credit card, debit card or EFT Transfer from my checking or savings account
- If my payment is returned by my bank, I am responsible for a $15 returned payment fee in addition to the amount of the original payment
- Payments that are returned by the bank and remain unpaid on the Sunday before the week of care begins will be assessed an additional $15 late payment fee
- After a second returned payment, I will have to pay cash or money order only for any future programs. Cash and money order payments can only be made at the Member Service desk of any Lake County YMCA. Cash and money order payments not made by 6pm on the Friday before each week of care are past due and will be assessed a $15 late payment fee
- I understand that my child must be picked up by 6pm. I will be charged $15 for each 15-minute interval past 4pm, 5pm or 6pm, depending on my program rate plan

OTHER FINANCIAL INFORMATION:

- YMCA programs are not prorated and I must register my child and pay in full
- Child Care registration fees are nonrefundable

SCHEDULE CHANGES/CANCELLATIONS:

- You must notify the Site Administrator of any scheduling changes by 6:00 pm on the Friday prior to the new school week, in order to be charged accordingly. Otherwise, you will be charged the original program fee

PAYMENT AUTHORIZATION FOR YMCA SERVICES AND PRODUCTS:
The Lake County YMCA is authorized to charge my account for payments for membership, programs, contributions or any other services provided or products purchased from the YMCA. I authorize my bank or credit card issuer (as indicated below) to honor payments from my account to the Lake County YMCA. When the bank honors the payment by charging my account, such transfer will constitute notice of payment due and my receipt for the payment. Some banks and credit card issuers automatically provide the YMCA with updated account information in the event an account number is changed, a credit card is reissued, or a credit card expiration date is extended. The YMCA may continue to charge my updated credit card or debit card account until my child has been withdrawn from the program. Should any authorized payment submitted to my bank or credit card issuer be returned by the bank or credit card issuer as unpaid on the due date, I understand that I must make the payment due, plus the amount of the returned payment fee posted to my account. The YMCA, at its discretion, may resubmit the amount due to my bank or credit card issuer as long as it remains unpaid by me. The YMCA may continue to charge my credit card or debit card account until my child has been withdrawn from the program and all past due amounts are paid.

- Credit/Debit Card (Each Week on Saturday)

Last 4 Digits on Account/Card:	

- EFT Electronic Funds Transfer from my ☐ Checking ☐ Savings (Each Week on Saturday)

By signing below, I authorize and agree to all of the above.

First Name:_____ Last Name:_____

Signature:_____ Date:_____

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Lake County YMCA

Pick Up Authorization Form

CHILD'S NAME	FIRST	LAST	M.I.
ADDRESS		CITY	ZIP
AGE	DATE OF BIRTH	GENDER	

AUTHORIZED PICK UP

I, parent or legal guardian of the above named child authorize the following person/persons, other than myself to pick up my child from the Lake County YMCA. The person/persons listed below will also be called in the event of an emergency if I cannot be reached.

- The authorized pick up person **must be at least 18 years old** and will have to **show a valid, photo I.D**. to the staff. NOTE: If the authorized pick up person is under the age of 18, the parent or legal guardian must provide the Lake County with written authorization
- A child will not be released to individuals without the permission from the parent or legal guardian
- This authorization shall remain in force until edited or rescinded in writing by the signer of this document

FIRST	LAST	M.I.
HOME PHONE	WORK	CELL
Relationship To Child: ☐ Father ☐ Mother ☐ Grandparent ☐ Legal Guardian ☐ Other_____		

FIRST	LAST	M.I.
HOME PHONE	WORK	CELL
Relationship To Child: ☐ Father ☐ Mother ☐ Grandparent ☐ Legal Guardian ☐ Other _____		

FIRST	LAST	M.I.
HOME PHONE	WORK	CELL
Relationship To Child: ☐ Father ☐ Mother ☐ Grandparent ☐ Legal Guardian ☐ Other _____		

UN-AUTHORIZED PICK UP

I DO NOT authorize the following person or persons to pick up my child from the Lake County YMCA Child Care Program

	FIRST	LAST	M.I.
1.			
2.			
3.			

NOTES FROM PARENT

Please be advised that my child has the following (check all that apply):

☐ Allergies ☐ Behavior Issues ☐ Food Allergies ☐ Health Conerns ☐ Other:_____

I would like the Child Care Site Administrator to contact me to discuss. Call me at:_____

By signing below, I release the Lake County YMCA from any and all responsibility for problems that may develop when the above authorized persons take my child from the premises.

First Name:_____Last Name:_____

Signature:_____Date:_____