



Discovery Preschool 2024/25

Ottawa YMCA * 411 Canal St. Ottawa, Il 61350

CHILD INFORMATION

Child Name: _____ Gender: M F YMCA Member: Yes No
 Address: _____ City: _____
 Age: _____ Date of Birth: ____/____/____ *Child must turn age by 1st of enrolled month and must maintain a Y Membership

CLASS		MONTHLY FEE	
<input type="radio"/> 3 year olds	Monday/Wednesday/Friday 8:45am-12pm	<input type="radio"/> YMCA Member	\$160
<input type="radio"/> 4-5 year olds	Monday/Wednesday/Friday 8:45am-12pm	<input type="radio"/> YMCA Member	\$160
<input type="radio"/> 3 year olds	Tuesday/Thursday 8:45am-12pm	<input type="radio"/> YMCA Member	\$110
<input type="radio"/> 4-5 year olds	Tuesday/Thursday 8:45am-12pm	<input type="radio"/> YMCA Member	\$110

Registration fees are due at time of registration (\$40 non-refundable deposit) 1st month tuition due before 1st day of class. Enrollment is not guaranteed until all paperwork is completed and returned with payment. If applying for a Scholarship financial documents must be provided. Registration fee cannot be waived.

PARENT/GUARDIAN 1 INFORMATION

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____ Relation to Child: _____
 First Name: _____ First Name: _____
 Last Name: _____ Last Name: _____
 Occupation: _____ Occupation: _____
 Address: same as child Address: same as child
 City: _____ State: Zip: _____ City: _____ State: Zip: _____
 Primary Phone: (____) _____ Primary Phone: (____) _____
 Secondary Phone: (____) _____ Secondary Phone: (____) _____
 E-mail: _____ E-mail: _____

*Parents listed are authorized to pick up child. Court documents must be provided if a parent is not authorized to pick up.

EMERGENCY CONTACTS / AUTHORIZED PICK UP

Name: _____ Relation to Child: _____ Primary Phone: _____ Secondary Phone: _____
 Name: _____ Relation to Child: _____ Primary Phone: _____ Secondary Phone: _____
 Name: _____ Relation to Child: _____ Primary Phone: _____ Secondary Phone: _____
 Name: _____ Relation to Child: _____ Primary Phone: _____ Secondary Phone: _____

HEALTH INFORMATION

Physician's Address: _____ Preferred Hospital: _____
 Allergies: _____
 Other health concerns of special needs: _____

* Please provide immunization records for your child by Sept. 6.

CHILD PROFILE

Is your child potty trained? _____
 How does your child interact with peers? _____
 Fears/apprehensions: _____
 What helps your child handle transitions? _____
 Special services received: _____
 External stress factors: _____
 How is anger or frustration expressed? _____
 If he/she is upset, try this _____
 Child's interests: _____
 Things I would like my child to accomplish at the YMCA: _____

SIBLING INFORMATION

Name	Age	Lives with Child	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

STATEMENT OF PURPOSE:

The YMCA being a membership organization believes in the development of Christian character growth. I agree to cooperate with others in the accomplishment of this purpose and abide by Association rules of conduct. I understand the YMCA has no responsibility for personal injury, medical expense or loss of personal items. YMCA of

PHOTO RELEASE AUTHORIZATION:

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the Ottawa YMCA, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting its permission or upon its authority, the absolute right and permission to take, copyright, use and publish photographs of or concerning me and/or my family in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

CONVICTED CHILD SEX OFFENDER RESTRICTION:

Any individual whose name appears on a county distributed list of child sex offenders shall be denied membership program participation at the Ottawa YMCA. Any individual on the list shall have the right to appeal this decision to the Ottawa YMCA Executive Committee within 60 days of applying for a membership or for program participation. The decision of the Executive Committee is final. Applicant/Member is ineligible to participate while appeal is pending. Any current member or program participant found on this list shall be given immediate written notice of the cancellation of their membership and has the opportunity to appeal. Furthermore, the question "Have you ever been or are currently required to register as a criminal sex offender?" will appear on all membership applications effective May 1, 1998. Date of Board action 04-16-1998.

MY SIGNATURE BELOW INDICATES I HAVE READ THIS STATEMENT AND THAT NEITHER I NOR ANY MEMBER OF MY FAMILY HAS BEEN CONVICTED AS A CHILD SEX OFFENDER. BY READING AND SIGNING YOU AGREE/CONSENT TO ALL NOTED ABOVE: _____ Date: _____

If under 18, Parent/Guardian Signature: _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence *The Ottawa YMCA* and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in any activity involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

(If notarization is necessary, please sign & stamp this side of form.)

PARENT/GUARDIAN AGREEMENT AND PERMISSIONS

I consent to the enrollment of the child listed above in this facility and have been advised of all policies regarding the services provided by the facility and the Ottawa YMCA.

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program. I am responsible for signing my child in and out of the program.
- It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery.
- The YMCA provides liability insurance for all of its programs. I understand that I must provide my own accident insurance. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.
- I have provided all current information on my child's needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist in properly caring for my child in case of an emergency. I will update information if any changes occur.
- It is my responsibility to arrange for my child to be picked up from the program at the posted end time. If my child is not picked up on time and attempts to contact me have failed, other authorized persons will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact the police and/or Child Protective Services for further instructions.
- Should a person arrive to pick up my child appear to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse by to contact the police.
- YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. I will not be informed or reimbursed for such photographs.
- I give permission for my child to have YMCA staff apply home -supplied topical items such as sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items.
- I give permission for my child to participate in all planned classroom activities, to include walks around the YMCA campus and water activities under the direct supervision of YMCA staff.
- I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical developmental boundaries.
- I understand the Ottawa YMCA Preschool operates on the Ottawa Elementary School schedule.
- I understand that my full monthly fee is due on the 1st of the month prior to service. My child may be withdrawn from program should my account become 30 days past due.
- I understand that I must provide 2 - weeks written notice to the office if I intend to withdraw my child from program.
- The information on this form is complete and accurate. I agree to review and notify the YMCA staff immediately whenever a change occurs.
- I understand this facility engages and complies with the background check and clearance procedure through Illinois Department of Human Services CCAP.

My signature acknowledges my understanding of and agreement to the above.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Please list anything else that you would like our preschool teachers to know about your child:



AUTHORIZATION FOR TUITION DEDUCTIONS

I, _____ authorize the Ottawa YMCA to initiate monthly withdrawals from the account listed below in the amount of \$ _____

Discovery Preschool: 3 Yr. Old T/Th _____ 3 Yr. Old MWF _____

4/5 Yr. Old T/Th _____ 4/5 Yr. Old MWF _____

CONDITIONS OF MISCELLANEOUS BANK DRAFT

*An adequate balance in the below account must be maintained to cover this monthly payment

*Any returned deductions will be charged a \$30.00 handling fee.

*It is the responsibility of the individual listed above to notify the Ottawa YMCA of any changes involving the information listed below or any address changes

BANKING INFORMATION

CREDIT CARD INFORMATION

Name of Bank

Financial Institution

Account Number

Card Number

Routing Number

Expiration _____ *V Code* _____

Checking _____ *Saving* _____

Childs Name: _____

Parents Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Signature: _____

THIS PAYMENT WILL BEGIN _____ 1ST, 202__ AND END _____ 1ST, 202_