



## Before & After School Childcare 2010 – 2011 Registration Form

The Knox County YMCA in cooperation with Galesburg, AlWood, and Knoxville School Districts offer a supervised before and after school program for the students in the elementary grades K –5. Schoolage childcare is offered at the following sites:

Alwood  
Gale  
King  
Knoxville (Mable Woolsey)  
Nielson  
Silas Willard  
Steele (includes Cooke)

### FEES:

- The registration fee is \$30.00 per child
- Session fees: **Galesburg Schools** \$6.00 per A.M. session, \$6.00 per P.M. session
- **Knoxville/AlWood** \$5.00 per A.M. session, \$5.00 per P.M. session

SESSIONS: A.M. session 6:30a.m. to the start of school

P.M. session from school dismissal until 6:00p.m.

(AlWood School program will only be offered after school until 6:00p.m.)

Return **completed** registration form (Both Sides) along with a \$30.00 registration fee per child to:

Knox County YMCA  
C/O Before & After School Program  
1324 W. Carl Sandburg Drive  
Galesburg, Illinois 61401

### **Before/After program starts:**

**Galesburg –Tuesday, August 17, 2010**  
**AlWood - Wednesday, August 18, 2010**  
**Knoxville – Thursday, August 19, 2010**

**Knox County YMCA Before & After School Registration Form  
2010 – 2011 School Year**

School \_\_\_\_\_  
Child's name \_\_\_\_\_ Male / Female YMCA Member Y / N  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
\_\_\_\_\_ Birth Date \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Grade \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Place \_\_\_\_\_ Work Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_ YMCA Member Y / N  
Mother Authorized to pick child up from YMCA B/A Program?  
Y/N \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Place \_\_\_\_\_ Work Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager # \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_ YMCA Member Y / N  
Father Authorized to pick child up from YMCA B/A Program?  
Y/N \_\_\_\_\_

EMERGENCY CONTACTS: Doctor / Clinic \_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contacts (Not Parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

People Authorized to pick child up from YMCA Childcare Site.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ **OVER**  
Child's Ethnicity: Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Use and "X" to mark the hours that your child will be attending YMCA Childcare  
A.M. Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
P.M. Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Please note if arrival/departure time will be affected by extra activities. (IE. scout meetings) \_\_\_\_\_

Please read the following and **initial** in the blank indicating agreement.

\_\_\_\_\_ I give my permission to authorize emergency health care.

\_\_\_\_\_ I give my permission to be involved in any publicity or press releases for YMCA Childcare. This includes photographs.

\_\_\_\_\_ I understand that non-payment for two consecutive weeks will result in dismissal of my child from the program until payment is received.

\_\_\_\_\_ I understand that my child may be removed from the program if they are having behavior problems.

\_\_\_\_\_ I understand that the Knox County YMCA does not provide health or accident insurance for program participants.

\_\_\_\_\_ I give permission for my child to leave the school grounds under the supervision of YMCA programs off-site.

Child's Development:

Does your child have any physical disabilities/limitations? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is there any other information that we should know about your child? \_\_\_\_\_

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Failure to complete or give false information can affect the participant of the child in the program. In the event your child cannot be served due to enrollment or special needs, your registration fee will be returned.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_