



BEFORE AND AFTER SCHOOL CARE!

2023-2024 BASC

Illinois Valley YMCA

August-May

Grades K-5th

REGISTRATION BEGINS AUGUST 1

REQUIRED for complete registration:

- Completed registration packet
- \$25 individual registration fee
- \$45 family registration fee
- Questions emailed to mayaq@ivymca.org

Any application that does not include each of these items will not be registered until all items are included. Registrations are processed by date all items are received.



2023–2024 Illinois Valley YMCA Before and After School Pricing

Registration Fees

Must be paid at the time child(ren) are registered for Camp. Campers cannot be registered or attend BASC until registration fees are paid. Registration fees are \$25 for individuals and \$45 per family. Registration fees cover administrative costs, hold your place, and provide daily snack.

Why the registration fee?

- Payment of this fee holds your child's place in the program; there is a maximum that can be enrolled in the program due to program space capabilities.
- Covers the administrative costs associated with the time required for file/ data upkeep, weekly attendance tracking and invoicing throughout the duration of the program.
- To avoid increasing the daily/ weekly fees to offset the increase in the cost of supplies/operations.

Please notice pricing for before care differs between LaSalle and Peru as well as between YMCA members and non-members.

LaSalle Before Care	
Members	\$4.00
Non-Members	\$6.00

Peru Before Care	
Members	\$5.00
Non-Members	\$7.50

Please notice pricing for after care differs between YMCA members and non-members.

After Care – Members			
Days	1 st Child	2 nd Child	3 rd + child(ren)
1	\$10.00	\$8.00	\$6.00
2	\$20.00	\$16.00	\$12.00
3	\$30.00	\$24.00	\$18.00
4	\$40.00	\$32.00	\$24.00
5	\$50.00	\$40.00	\$30.00

After Care – Non- Members			
Days	1 st Child	2 nd Child	3 rd + child(ren)
1	\$15.00	\$13.00	\$11.00
2	\$30.00	\$26.00	\$22.00
3	\$45.00	\$39.00	\$33.00
4	\$60.00	\$52.00	\$44.00
5	\$75.00	\$65.00	\$55.00

NEW Please review early release/ ½ day pricing for the 23–24 school year

Early Release	1st Child	2nd Child	3rd + child(ren)
Member	\$15.00	\$12.00	\$9.00
Non-Member	\$22.50	\$19.50	\$16.50
½ Day	1st Child	2nd Child	3rd + child(ren)
Member	\$25.00	\$20.00	\$15.00
Non-Member	\$37.50	\$32.50	\$27.50

Late Pickup Fees: The YMCA kindly asks that you pickup promptly by 5:30PM or before each evening and respect our wonderful staff's time. Late pickup fees are added on to normal attendance. Late pickup fees are not covered by financial assistance programs and the responsibility of the parent/guardian. Late pickup fees are \$20 for the first 15 minutes past program hours and \$1.00 each minute thereafter.

Payment Options

- Electronic credit card payment – online/ at the YMCA
- Electronic bank drafts
- Check
- Cash – in a sealed envelope labeled with your name, child's name, and amount enclosed.

Financial Assistance Options

- YMCA Scholarship – packets held at the YMCA
- IDHS Child Care Connections Program (CCAP) – visit the IDHS website or pickup a packet at the YMCA

Program Payment Due Date:

BASC bills based on attendance. The Youth Development Director aims to have every bill out to you by Monday afternoon. These billing statements reflect the week prior. Please make payment by the end of the following week.

I, the parent/guardian have reviewed and approved this payment information. I have read, understand and agree to comply to the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in BASC if payment has not been received by the YMCA after 2 weeks of a billing.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: ____/____/____

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CREDIT CARD AUTHORIZATION FORM

Please only complete if you would like to pay via credit card weekly

CREDIT CARD INFORMATION
Card Type:
Cardholder Name:
Card Number:
Expiration Date:
Cardholder ZIP Code (from credit card billing address):
3 Digit CVV:

I, _____, authorize the _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for transactions on my account.

Customer Signature _____ Date _____

Weekly Billing statements will be sent to the email address you have provided. Below please confirm the email address you would like this sent to (print neatly) _____

Child(s) Name: _____

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General Program Information

Before Care

Both Peru and LaSalle's before care programs are held at the schools. Programs are held in the school's cafeteria.

Peru: 6:30AM-8:45AM

LaSalle Northwest: 6:30AM-7:45AM

After Care

Peru/LaSalle will be bussed to the YMCA from school. After care ends at 5:30PM. You may pick up any time prior to 5:30PM. Please contact your respective school for bus information.

CHILD(S) INFORMATION

Thank you for choosing the Illinois Valley YMCA. We are happy to have you and your child with us. For us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Child's Name _____ Nickname _____

Date of Birth _____ Age _____ Gender _____

Grade _____ School _____

Are there any needs or fears you would like to let us know about?

☐ Yes

☐ No

Does your child have any allergies? If yes, please list.

Is there any other information we should know that will help your child?

Does your child have an IEP, Special Needs Assessment, or other documentation? If so, please include information that will help our staff best serve your child.

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list.

Permission For Release of Information: The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child. I understand and agree to the contents of this page.

Parent Signature: _____

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

Child's Name _____ Age _____ Gender _____
Address _____
Grade _____ School _____

Parent Name/ Legal Guardian _____ Birthdate _____
Address _____
Cell Number _____ Work Number _____
Email Address _____
Business Name _____
Business Address _____

Parent Name/ Legal Guardian _____ Birthdate _____
Address _____
Cell Number _____ Work Number _____
Email Address _____
Business Name _____
Business Address _____

EMERGENCY CONTACTS

Name _____ Phone Number _____
Address _____ Relationship to Child _____

Name _____ Phone Number _____
Address _____ Relationship to Child _____

Name _____ Phone Number _____
Address _____ Relationship to Child _____

Parent/Guardian signature is required for each item below to indicate parental consent – if no permission is given indicate such.

Action:	Initials Below:
Obtaining emergency medical care	
Administration of minor first aid procedures	
Swimming	

ILLINOIS VALLEY YMCA DISCIPLINE

Policy/ Behavior Policy

The Illinois Valley YMCA staff would like your child to have the best experience possible while at our childcare. Thus, all participants must understand and follow the camp guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

- **Toys/ Electronics from Home**

We do not allow children to have out personal items from home (including but not limited to electronic devices, cell phones, sharp objects, weapons, firearms, explosives, etc.). We are not responsible for any of these items should a child make the choice to bring them. Damage and theft of personal items are possible, and the YMCA assumes no liability for said items. If participants are caught with any of the above items, the staff reserves the right to confiscate them.

- **Children's Rules**

It is our intent that each child enjoys the planned activities by understanding that they are responsible for their actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline and to understand that we are here to assist her or him and that we expect them to succeed. Character Development is an important part of our program.

- **Process**

When positive behavior is displayed; the benefit is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the following process will be adhered to.

- Redirection: Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.
- Removal from the Specific Activity: When redirection has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The removal time will be age appropriate. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
- **Suspension/Expulsion**

If a child engages in behavior that poses a threat of bodily harm to himself, others, staff or facility property, then an immediate meeting with parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.

 - Situations that will result in an automatic call to parents are stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) running away from the group and property damage.
 - If a child commits a malicious and or violent act against another person or property it is within our right to suspend care until a complete and thorough investigation into said incident can be completed.

I have read and understand the Illinois Valley YMCA Behavior policy.

Childs Name: _____

Parent/Guardian Signature: _____

Date: _____

Illness Policy

Based on best practices from “Caring for Our Children National Health and Safety Performance standards: Guidelines for Out-of-Home Child Care Programs” written by the American Academy of Pediatrics, it is at the discretion of the Center’s Director that the child(ren) be sent home. As per our policy, all children will be sent home and may not return for at least a period of 24 hours if any of the following symptoms, but not limited to, is exhibited:

- Conjunctivitis, until treated for a minimum of 24 hours with medication
- A temperature of 100.4 degrees or higher. Your child must remain fever-free for at least a period of 24 hours without medication before returning to the center
- Contagious diseases including, but not limited to Measles, Chicken Pox, Mumps, Roseola
- Undiagnosed rashes
- Vomiting or diarrhea
- Impetigo or Ring Worm until treated with medication for a minimum of 24 hours
- Bronchitis or other throat infections, until treated with medication for at least 24 hours
- Pain reported in the stomach or head
- Lice until treated with medication for a minimum of 24 hours or until no nits or eggs remain

All children will benefit by giving those who are ill adequate time to recover and help to prevent the spreading of illness through exposure.

Allergy Plan

Child’s Name: _____

Allergy to: _____

Asthmatic: Yes* No *higher risk for a severe reaction

Medication: _____

**Please write N/A if there are no allergies.*

Understanding Illness Policy/Allergy Plan

Parent Signature: _____ **Date:** _____

YMCA STATEMENT OF UNDERSTANDING

The following information is important to the safety and protection of your child. Please read the information and sign the permission form indicating your understanding. A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 or older. Any other arrangements must be made by calling Maya Ahlstrom at 815-223-7904 EXT 035.
- I understand that should a person arrive to pick up their child and appear to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they must make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I am not to leave children unattended. I will wait for the Y staff or volunteer to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers and that I should report this to a supervisor if they do.
- I understand that I can help my child's safety by taking an active interest in his or her Y experience. I too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

ILLINOIS VALLEY YMCA EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies.

Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and /or off site to a temporary shelter. Children will remain there until all is clear and /or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response.

Immediate Evacuation: If there is an immediate evacuation of the Y, children will be evacuated out of the parking lot on the path heading towards Shooting Park Rd.

Modified Operation: This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a storm or building problems (such as utility disruptions) that make it unsafe for students.

Please follow Illinois Valley YMCA's Facebook for announcements relating to any of the emergencies listed above.

We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Y or the relocation site. If an emergency forces close,

please do not attempt to bring your child to the Y. For those in attendance, we will contact the designated persons to pick up your child during an emergency as listed on the Emergency Contact Form.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are available to pick up your child in the event of an emergency. In order to assure the safety of your child and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact Maya Ahlstrom at mayaq@ivymca.org / 815.223.7904 EXT 035.

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

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING ILLINOIS VALLEY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Illinois Valley YMCA facilities, services, equipment, and premises ("Facilities") and any participation in Illinois Valley YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Illinois Valley YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly) _____ Date _____

Parent/Guardian Signature _____ Date _____