

Count on the Illinois Valley YMCA to make childcare care easy and convenient by providing our program right in the college. Peace of mind comes from knowing your child is in a safe and nurturing environment. Childcare is FREE to all IVCC students.

 $\textbf{Ages:} \ 3\text{--}5 \ \text{years old **} \\ \textbf{In special circumstances exceptions can be made.} \ \textbf{Please contact Maya} \\ \textbf{Maya} \\ \textbf{Maya$

Ahlstrom to discuss

Hours: Monday-Thursday 8:45AM-3:15PM, Friday 8:45AM-12:00PM

Room: CTC 206

Questions: mayaq@ivymca.org / 815 223 7904 EXT 035

2023–2024 YMCA Little Eagles Program Registration

Child 1 Information (Please Print Legibly)

Name	DOB	Gender	
Physician Restrictions		Allergies	
 Medications			
Child 2 Information (Pl	ease Print Legibly)		
Name	DOB	Gender	
Physician Restrictions		Allergies	

Medications					
Child 3 Informat	ion (Please Print	Legibly)			
Name	D	OB Gen	der		
Physician Restric	tions	Allergies			
Medications					
Parent/Guardiar	1 #1 (Please Print	Legibly)			
Full Name		Relation to Child		DOB	
Address	City	State	Zip		
Home #		Cell #			
Parent/Guardiar	1 #2 (Please Print	Legibly)			
Full Name		Relation to Child		DOB	
Address	City	State	Zip		
Home #		Cell #			
Emergency Cont	act & Authorized	Pick Ups			
Name		Relationship to child		Phone #	
Name		Relationship to child		Phone #	
Name		Relationship to child		Phone #	

YMCA/Parent's Responsibility

- The YMCA assumes responsibility for my child's well-being during all attendance. In the case
 that they YMCA is unable to reach a parent/guardian, the emergency contact* listed above has
 permission to make decisions regarding the care of my child. Including permission to pick up.
- All participants need to be potty trained for the health and safety of the children and staff.
- Parent/Guardian must remain on campus while children are under YMCA care.
- If I cannot be reached in the event of an emergency, the YMCA is authorized to act for me according to their best judgement. This includes medical care or surgery. I am responsible for the cost of all medical treatment.
- I have provided all information about any special need my child has and will continue to update the YMCA of anything that arises throughout the course of the school year.
- All employees of the YMCA are mandatory reporters on anything that appears as child abuse/neglect.
- Should a child be picked up by someone who appears to be under the influence of drugs, staff has no recourse but to inform the proper authorities.
- For the safety of your children and increased liability, the Illinois Valley YMCA Little Eagles is requiring that the parent/guardian of each child attending the program MUST bring the child into the room and sign them in for the and sign them out when picking them up. Please make extra time available in your schedule for this. NO exceptions.
- The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website, or newspaper releases. I will not be informed or reimbursed.
- Y staff is not responsible for personal items brought to the program.

Waiver Release & Photography Release: In consideration of the Illinois Valley (hereafter YMCA) YMCA Little Eagles allowing my child to participate, including participation in all activities where located, and travel to and from such activities. I/we do hereby Release and Discharge the Illinois Valley Y, its Board of Directors, the Administration, the agents, representatives and employees thereof, from any and all claims, demands and causes of action which may accrue to us/me, our/my heirs, executor or assigns, as a consequence of, and resulting from undertaking such activity, including personal injury or property damage which my child may sustain in the course of such activity participation. I acknowledge that this activity is being provided as a benefit to my child and not for the benefit of the Y. I understand

that the Y will assume no responsibility for damage, accidents, injuries, or medical injuries (including, but not limited to; broken bones, torn ligaments or tendons, back injury, or soft tissue injury) and/or dental injuries/expenses incurred as a result of my child's participation in this activity. I/we assume all responsibility for any damage that my child may cause to themselves, others, and/or property while participating in the activity. I/we release and waive, and further agree to indemnify, hold harmless, and reimburse the Board of Directors, the individual members, agents, employees and representatives thereof, from and against, any claim which I/we, or any other persons, firm or corporation may have to claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of my child's participation in the activity or the rendering of emergency medical procedures or treatment, if any.

My signature acknowledges my understanding of the agreement to the above	
Parent/Guardian Printed Name	
Parent/Guardian Signature	_
Date	