



**FIND YOUR FUN.
FIND YOUR Y.**

Registration begins March 3rd

At Y day camp, your kids will make new friends and have tons of fun as they explore new adventures each day.

For a better us.®



**FIND YOUR Y AT
THE
ILLINOIS VALLEY
YMCA
ENROLL TODAY**

815.223.7904 ext maya@ivymca.org
www.ivymca.org

GETTING TO KNOW YOU FORM

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 _____ Shirt Size _____

Date of Birth _____ Age _____ Gender _____

Grade Next Fall _____

Has your child ever been in childcare/camp before? If yes, where? _____
Yes No

Are there any needs or fears you would like to let us know about? _____
Yes No

Is there any other information that we should know that will help your child transition into camp? _____
Yes No

Would you like a meeting with your child's camp director prior to him/her starting _____
Yes No Not at this time

Do you have an IEP, Special Needs Assessment, or other documentation? _____

If so, please attach it for our records AND a family meeting must be held prior to starting. _____
Yes No

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list. _____
Yes No

Name/Phone

Are there people whom you would like us to contact who have worked with your child? _____
Name/Phone

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. *(This only needs to be signed if you want us to contact someone who works(ed) with your child.)*

Parent Signature

Date

2025 EMERGENCY CONTACT / PARENTAL CONSENT FORM

(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME		AGE	BIRTH DATE	GENDER
ADDRESS		GRADE	SCHOOL	
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
EMERGENCY CONTACTS	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/> Y <input type="checkbox"/> N	NAME	ADDRESS	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER				TELEPHONE NUMBER
ADDRESS				
SPECIAL DISABILITIES (IF ANY)			ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY			MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)				
PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT- IF NO PERMISSION IS GIVEN, INDICATE SUCH				
OBTAINING EMERGENCY MEDICAL CARE Parent/Guardian signature "Required"			ADMINISTRATION OF MINOR FIRST - AID PROCEDURES Parent/Guardian signature "Required"	
			SWIMMING Parent/Guardian signature "Required"	

SIGNATURE OF PARENT OR GUARDIAN

DATE

2025 YMCA PERMISSION

I give consent for the below camper to attend any field trip associated with their week of camp. Please note that the camper must also be enrolled in that session and for that day to attend the field trip. In giving my permission, I understand that the Illinois Valley YMCA will be providing transportation to and from all field trips. I accept full responsibility and release the Illinois Valley YMCA of all liability. I understand that field trip days are subject to change based on the session enrollment.

Child's Name _____ Birth Date _____

GENERAL PERMISSIONS

By initialing below, I indicate my permission for field trips and preferences for the camper named above:

YES	NO	
Initials	Required	Use my child's photograph in any official publicity pieces. Publicity pieces include but are not limited to news releases, social media, publications and web use
Initials	Required	Permission to use photographs of my child taken during the program or Y events, ONLY within the Y or Child Care Center
Initials	Required	Staff to apply sunscreen/lotion to my son/daughter
Initials	Required	To use hand sanitizer to supplement hand washing
Initials	Required	Go for walks
Initials	Required	Permission to post my child's allergies in their classroom or binders.
Initials	Required	Permission to View Movies: The Y has my permission to allow my children to participate in viewing age-appropriate PG movies.
Initials	Required	I have received, read, and will abide by policies in place within this packet.
Initials	Required	I have received, read, and understood the information on the Emergency Operations Plan. I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for the release of my child.
Initials	Required	In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Illinois Valley YMCA to send my child to the following hospital: _____ (Closest hospital will be used if no location is designated.) I agree to meet the YMCA staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.

Parent Signature

Date

Financial Policy & Procedure

Session Tuition Includes: tuition plus any special events/in-house field trips/daily snack.

Payment Due Date: payment is made prior to/ or on date of attendance.

Late Pick-Up Fee: \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.

Absences/Vacation Days/Holidays: The Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended.

Outstanding Balances: If your child has an outstanding balance, then your child will be declined the ability to attend, register or attend a new session, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end-of-year statements until the account balance is current or paid in full.



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 bring 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.

- Behavior reports: When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior report will occur. This report will be discussed with the child and parent and requires a parent's signature. *If a child receives three behavior-related write-ups the center has the right to suspend or expel the child from care.*

- **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 the 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 Behavior Report 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.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____



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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 be 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.
- Severe cold with fever, coughing, sneezing, and/ or nose drainage
- 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. If medication is needed, please ask for a medication log. The medication log must be accompanied by the medication in its original container with the script attached.**

Understanding Illness Policy/Allergy Plan

Parent Signature _____ *Date* _____

YMCA STATEMENT OF UNDERSTANDING

The following information is important for 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 my child who appears 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 Y staff or a 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 ensure 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, the 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 camp to 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 able and available to pick up your child in the event of an emergency. In order to assure the safety of your camper 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.

[Receipt of this document acknowledged on page 6]

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