



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lake View YMCA 2019-2020 School Based Pre-K Enrichment

Program Session Dates

School Based Pre-K Enrichment

SESSION 1: September 9, 2019 –November 1, 2019

Individual Enrichment Program Options		
Daily Enrichment Program:	Time	M/NM
Monday: Legomania	3-4:30pm	\$84/\$119
Tuesday: Art-tastic!	3-4:30pm	\$96/ \$136
Wednesday: Mad Science	3-4:30pm	\$96/\$136
Thursday: Book Club	3-4:30pm	\$96/ \$136
Friday: CATCH	3-4:30pm	\$96/\$136

How does session program payment work?

All Pre-K Enrichment payments will be drafted on the first day of each 8 week session. Payment will draft every 8 weeks, September through June for the 2019-2020 school year. At the conclusion of the 8 week session, participants in program will receive priority registration- unless the Lake View membership team is notified of the wish to cancel a week prior to registration, the registration(s) will automatically transfer to the next session.

Daily Enrichment Description:

Legomania= Hands-on, engaging explorations with colorful LEGO® DUPLO® bricks ignite natural curiosity and foster a love of discovery and investigation, while playful faces, storytelling activities, and collaboration-based lesson plans for teachers help the youngest students develop social and emotional skills that set them up for a lifetime of successful learning.

Art-tastic!= Painting, pottery, dance and more! Children get to explore their creativity through the arts.

Mad Science= Engaging, interactive and a hands-on exploration of science, technology, engineering & math.

Book Club= The cat in the hat, The rainbow fish, Brown Bear, brown bear are just a few of the classic reads that we will get to dive into in Thursday's book club! Each week children will get to read and discuss a new story and participate in a related group activity.

CATCH= CATCH Early Childhood (CEC) is designed to nurture a love of physical activity, provide an introduction to classroom-based gardening and nutrition, and encourage healthy eating in children ages 3-5. Little ones are motivated to walk, run, jump, dance and move their whole bodies while playing and having fun.



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School based Pre-K Enrichment Registration Form

2019-2020 School Year

CHILD INFORMATION

Please complete one registration form per child.

Child's Name: _____ Grade: _____ Age: _____ Gender: _____ Date of Birth: _____

Home Address: _____ Cell Phone: _____

Name of Parent/Guardian: _____ Family Email Address: _____

School Child Attends: _____

Registration for? (please check all that apply) Monday Tuesday Wednesday Thursday Friday

Registration for (please check all that apply): Jahn Pre-k Enrichment Peirce Pre-K Enrichment

AUTOMATIC DEDUCTION INFORMATION

I hereby authorize The Young Men's Christian Association of Metropolitan Chicago (YMCA) and the Financial Institution designated below to begin automatic deductions from the account designated below in the amount of my 8 week Session dues and fees. I acknowledge that the origination of deductions from my account must comply with provisions of US law.

For automatic payments from my checking or savings account:

Financial Institution: _____ Savings Checking Other _____

Financial Institution Routing Number: _____ Account Number _____

Financial Institution Address: _____ City: _____ State: _____ Zip: _____

For automatic payments from my credit or debit card:

Charge my Credit/Debit Card: Visa Discover MasterCard Account Number: _____

Security Code (Last 3 digits located on back of card): _____ Expiration Date: _____

Name as it appears on card: _____

I understand that my monthly bank/credit card statement should show the amount and date payment was made to the YMCA. I understand that I am responsible for ensuring that the account designated above has sufficient funds/credit on my automatic payment date to allow for the automatic deduction/charge of my payment.

ASSESSMENT OF FEES

Monday-Legomania- 8 week session DRAFT CHARGE \$ _____

Tuesday- Art-tastic! 8 week session DRAFT CHARGE \$ _____

Wednesday- Mad Science 8 week session DRAFT CHARGE \$ _____

Thursday- Book Club 8 week session DRAFT CHARGE \$ _____

Friday- CATCH 8 week session DRAFT CHARGE \$ _____

TOTAL 8 WEEK SESSION DRAFT CHARGE: \$ _____

First deduction will occur on _____ (month) of _____ (year).



NOW OFFERING ENRICHMENT PROGRAMMING FOR PRE-SCHOOL STUDENTS

Beginning September 9, 2019

Daily Enrichment Programs

Monday through Friday

3PM TO 4:30PM

We are thrilled to announce, that we are now offering daily enrichment programming for pre-school students. Led by qualified, caring staff, the Lake View YMCA pre-k enrichment program is designed to be fun, educational and align with the school day, supporting growth in reading, art, active play & STEM.

Our programs take place in school, providing an ideal location for parent pickup and school day transitions.

FOR QUESTIONS ABOUT
REGISTRATION, PLEASE CALL THE
LAKE VIEW YMCA AT:

(773)248-3333 or EMAIL

LCRISTILLO@YMCACHICAGO.ORG



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**YMCA of Metro Chicago
PARTICIPANT EMERGENCY INFORMATION PACKET**

PERSONAL INFORMATION PLEASE PRINT

Child's name: _____ Birthdate: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Family e-mail address: _____

Parent/Guardian#1: _____ Relationship: _____ Age: _____ Cell phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Title: _____ Work hours: _____ Work phone: _____

Parent/Guardian#2: _____ Relationship: _____ Age: _____ Cell phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Title: _____ Work hours: _____ Work phone: _____

Child lives with: Both Parents Mother Father Other _____

ADULTS AUTHORIZED TO PICK-UP MY CHILD/EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

(minimum of 2 are required)

	Name/Age	Relationship	Address	Preferred Phone
1.				
2.				
3.				
4.				
5.				
6.				

UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from YMCA Session program:

1. Name _____ Relationship: _____

2. Name _____ Relationship: _____

AUTHORIZED PICK-UP/EMERGENCY PICK-UP: I, _____ authorize the people listed above to pick up my child and be contacted in the event of an emergency from the _____ YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its centers and employees of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first. Initials _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If yes, indicate carrier or plan name _____ Group # _____

Doctor name _____ Phone number _____ Carrier address _____

City/State/Zip _____ Name of insured _____ Relationship to participant _____

The following questions are asked so that we may best serve your child in programs.

Any information that you choose to disclose is confidential.

While in program, are there any health conditions that you would like us to be aware of?

No Yes, _____

While in program, will your child need to take medication?

No Yes, _____

While in program, are there allergies that we should be aware of?

No Yes, _____

Allergic reaction (describe) _____

Treatment _____

Does your child require a modification, due to disability, in order to participate?

No Yes If you have any questions, please contact inclusion@ymcachicago.org

Are there activities that your child should be exempt from due to health reasons? _____

Are all immunizations up to date?

No (please provide exemption letter) Yes Date of last Tetanus _____

MEDICAL RELEASE:

I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off property for the purpose of medical care as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, to secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Initials _____

Please describe your child's interactions with children of the same age _____

How would you describe your child's personality? _____

SWIMMING ABILITY

Non Swimmer Fair Swimmer Good Swimmer

Does your child have any fears that we should be aware of? _____

Is there any other information that you would like to share so that we may better understand and work with your child? _____

YMCA CHARACTER CONTRACT

At Y day camp, it is our goal to create an exciting and safe learning environment for everyone to have an unforgettable summer of fun! We ask everyone at camp to agree to certain safety and behavioral guidelines so all of our participants are able to have an enjoyable summer camp experience. As a family, please read, discuss and sign the Character Contract together.

BE KIND

Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff.

One way I will be kind is to _____
(please have your child share how they will be kind at camp- ie, sharing, smiling etc.)

BE SAFE

At the Y we maintain an emotionally and physically safe environment. We stay with our group and follow staff's directions. We use equipment and materials in the way they are intended to be used. We use appropriate and productive words to settle our differences and keep our hands and feet to ourselves.

One way I will be safe is to _____
(please have your child share how they will be safe at camp- ie, keeping their hands to themselves, using walking feet etc.)

YMCA CHARACTER CONTRACT

BE HONEST

At the Y we tell the truth and are able to be our genuine self.

I will be honest when _____

(Please have your child share an example of when they will be honest- ie. when they get out in tag, when they make a mistake etc.)

BE RESPECTFUL

At the Y we listen to each other, follow directions and use appropriate language/communication.

One way I will be respectful is to _____

(please have your child share how they will be respectful at camp- ie. following directions, use appropriate language etc.)

HAVE FUN

At the Y we are open to new experiences! We try new things and make new friends! We have fun in ways that do not harm others physically or emotionally.

I have fun when I am: _____

(please have your child share what they like to do to have fun)

If this contract is broken or if there is a conflict/interaction that involves strong feelings or serious negative behaviors the following steps will be taken.

Step 1: YMCA staff will talk with campers in order to acknowledge feelings, gather information and create a plan to repair any harm that has been caused. This will be documented in the behavior log.

Step 2: If negative behavior persists or the plan to repair harm is not followed, parents will be asked to come to the program as a partner to discuss the issues and work toward a solution together with their child and YMCA staff. A written plan will be created and signed by parent, youth and staff.

Step 3: YMCA staff will monitor behavior closely and provide regular feedback to the camper and his/her parents.

Step 4: If the problem persists or camper does not follow the plan created and agreed upon, the parent may be contacted immediately to pick up their child from camp. The following morning, parents, staff and child will meet to discuss any additional supports that the child might need to be successful in the program.

Step 5: If the prior interventions are not successful AND youth behavior is impacting the physical or emotional safety of themselves, Y staff or other campers an alternative placement will be discussed and the child may be dismissed from the program for the remainder of session.

***We reserve the right to dismiss your child from the program immediately in extreme circumstances where physical, emotional or other harm is occurring or may occur to themselves, other children, staff or members.**

I have read and understand the expectations in the character contract to ensure a safe summer for all!

Camper Signature _____

Parent Signature _____

Y Staff Signature _____

YMCA PARENT HANDBOOK

I/We have read and understand and adhere to the policies and procedures set forth in the Parent Handbook. Initials _____

TALENT RELEASE FORM

In consideration of my participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning me, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display distribute, transmit and/or otherwise exploit any and all such reproductions containing my voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of Internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me at any time in connection there with.

I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein. The release shall be governed by Illinois law without regard to its conflict of laws principles.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____

PARENT CONSENT FOR ASSESSMENT

The YMCA of Metropolitan Chicago ("YMCA" or "we") is asking to collect assessments (i.e. surveys) from your child during the program day. We use these measures to evaluate how our programs currently serve the academic and social needs of your child and to plan ways to continue nurturing their development. Assessments often happen in the beginning and the end of the programming session, this way we can measure the growth of your child's development. The results of the assessment will be used to inform how YMCA staff trains and plans to best support your child.

We will use assessments widely utilized in child and youth programming that can provide reliable, valid scores to tell us more about a child's development across our mission anchors: Academic Readiness, Character Development, Violence Prevention, and Fitness and Healthy Living.

To allow your child to participate in the assessment, please fill in the form below. Results will be stored anonymously with the YMCA. Your child's name and any other identifying information will never be shared with parties outside the YMCA or published with information identifying your child. Results will not impact your child's participation or enrollment in YMCA programs.

Thank you for your participation!

I (Print your name) _____, the parent/guardian of
(print child's name) _____ give my consent to
YMCA's Learning and Evaluation staff and other professionals secured by the YMCA to conduct the assessments:

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____

Program Staff: Please return to Learning and Evaluation at lande@ymcachicago.org

FACILITY USER/FIELD TRIP AGREEMENT:

I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any injury damage or loss that is caused solely by the YMCA's gross negligence.
2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA or Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damage or loss that I or my minor child/ward may incur whether in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
3. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur

from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any loss, liability, damage or cost that is caused by the YMCA's gross negligence.

I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the remaining Agreement shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY YMCA FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS FACILITY USE/FIELD TRIP AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature of Parent/Legal Guardian _____ Date _____

Printed name of Parent/Legal Guardian _____

AUTHORIZATION FOR SUNSCREEN

By signing this form, I acknowledge that I will sufficiently apply sunscreen to all of my child's exposed skin, and agree that YMCA of Metropolitan Chicago Staff may reapply the spray sunscreen that I provide, labeled with my child's name.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date _____ Daytime Phone Number _____

The deduction of charge will occur on the 1st day of each 8 week session.

I understand that the authority shall remain in full force and effect, and the Payment Plan shall continue each session until June of 2020.

I understand that for cancellation of pre-k enrichment dues and fees, I have notified the Youth and Family Director at least 15 days prior to my monthly payment date in writing.

I understand that I will receive written notice in advance of any change in the date of the Payment Plan or for any change in the amount due, and I authorize the YMCA to use such changed date or amount after the written notice is sent to me, unless I cancel this authority and the Payment Plan as provided above. I understand that it is my responsibility to update my contact information when there is a change of name, address, or financial institution or account.

I understand that the YMCA has the right to cancel my pre-k Enrichment Program draft payment plan if it is unable to collect any payment due, and that I am liable for any uncollected payments and for any fees or penalties imposed by the YMCA or by my financial institution.

I understand that there is a \$25 service charge assessed by the YMCA on all returned checks and declined monthly credit card/checking account drafts.

I understand that if I change my Financial Institution and/or change the type of draft account, I need to come in and sign a new Authorization Agreement.

I acknowledge that I have read this agreement and received a copy

Printed Name of Account Holder

Signature of Account Holder

Date

Lake View YMCA | 3333 N. Marshfield Ave., Chicago, IL 60657 | 773.248.3333 | lakeviewymca.org

