



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2019/2020 SCHOOL YEAR REGISTRATION IS OPEN

**Register by July 1, 2019, and your \$85 registration fee will be waived and you will be entered to win free September tuition!**



### REGISTER BY JULY 1 AND SAVE TIME WITH ePACT

The YMCA of Northern Colorado has adopted ePACT, a secure emergency network that we use to collect medical and emergency contact information electronically. Not only does ePACT replace paper forms, but it also ensures we have a way to communicate with you in the event of an illness, injury or larger scale emergency.

ePACT is a tool for parents. That's why it's so important that you register for YMCA Before and After School Programs by July 1, 2019. If you register on July 1 or earlier, you only need to fill out your emergency contact and medical forms on ePACT. However, if you register after July 1, 2019, you must complete the emergency contact and medical forms in this packet as well as fill out your information again on ePACT. Your child will not be able to participate in Y programs without the required paperwork.

#### ePACT's benefit to you:

**To save you time** - With ePACT, you only need to complete your child's information once, and then verify that it is still correct for additional programs or subsequent years (which can be done in just two minutes)!

**Improved privacy and security** - Eliminating paper forms ensures your information is safe and secure, while authorized staff members can still access this information when they need it.

**Better support** - ePACT makes it easy for you to share comprehensive health and emergency contact details, so we can provide the best support to your child.

#### How it works

- You'll receive an email invite from ePACT after your registration paperwork is processed.
- Click 'Complete Request' to create a free account, or login if you already have an existing ePACT account.
- Enter the required emergency contact and medical information and share it with YMCA of Northern Colorado so that program staff have access.

**AVOID LATE FEES:** The Y is implementing a new policy on late registration for before and after school programs: If you register within 2 business days of your child's first day in our program, you will be charged a **\$70 late fee** in addition to the \$85 registration fee. The Y is licensed by the State of Colorado, and we must adhere to staffing ratios. Because of this, immediate care may not be available for your child if you register within the 2 business days of the first day of care and you will be charged the late fee.

# 1 PLAN SELECTION: K-5TH CHILD CARE

YMCA OF NORTHERN COLORADO

Servicio disponible en Español por citas. Por favor llame al 303-443-4474 x1 o mande un correo electrónico a [reg@ymcanoco.org](mailto:reg@ymcanoco.org) para hacer una cita.



Forms available in writable PDF format at [ymcanoco.org](http://ymcanoco.org). Email to [reg@ymcanoco.org](mailto:reg@ymcanoco.org), submit to your site director or to the Y.

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parental Custody \_\_\_\_\_ Child Lives With: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_  
**Parent/Guardian 1** \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE PROVIDE A VALID EMAIL ADDRESS.** After your paperwork is processed, you will receive an email invitation to create an ePACT account, our online emergency network that we use to collect required medical and emergency contact information and policy agreements. If you are registering **by July 1, 2019** or already have an ePACT account, you may skip pages 4-7. If you are registering **after July 1, 2019**, or if you do not have an email address, fill out pages 4-7.

Email \_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Select if Applicable** (Must be authorized prior to starting.): CCAP Client (Must provide CCAP authorization letter)  YMCA Financial Assistance

Requested Start Date: \_\_\_\_\_. If you register less than two business days prior to your start date, you will be charged a \$70 late fee. The registration fee is \$85 per family annually. 10% second child discount applies to these programs.

**YEAR-ROUND PLANS:** The Year-Round Plan provides care from the first day of school Aug 2019 through summer camp Aug 14, 2020. Fees listed are monthly, Aug 2019-July 2020. The Year-Round Plan includes School Day Off Camps, Late Start Days and all summer camp sessions for select camps. However, you may apply the weekly tuition credit towards any Y summer camp program and pay the fee difference (please note that weekly credits cannot be combined). Part-time Summer Camp can only be accommodated in YMCA Camp Noco and Camp Elks. A free Y Family Membership is included from first day of school Aug 2019 through Aug 14, 2020. Please note: Registrations or plan changes received after Aug must back pay the camp fee portion of the monthly tuition from Aug 2019 through your plan start date.

YEAR-ROUND PLAN OPTIONS (Full-time is 4-5 days a week; part-time is 1-3 days a week)			
<input type="checkbox"/> \$805 per month	<input type="checkbox"/> \$695 per month	<input type="checkbox"/> \$595 per month	<input type="checkbox"/> \$532 per month
<ul style="list-style-type: none"> <li>• Full-time Before &amp; After School Care</li> <li>• School Day Off Camps</li> <li>• Full-time Summer Camp</li> </ul>	<ul style="list-style-type: none"> <li>• Full-time After School Care</li> <li>• School Day Off Camps</li> <li>• Full-time Summer Camp</li> </ul>	Select Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <ul style="list-style-type: none"> <li>• Part-time After School Care</li> <li>• School Day Off Camps</li> <li>• Full-time Summer Camp</li> </ul>	Select Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <ul style="list-style-type: none"> <li>• Part-time After School Care</li> <li>• School Day Off Camps</li> <li>• *Part-time Summer Camp</li> </ul>

**SCHOOL-YEAR PLANS:** The School-Year Plan provides care from first day of school Aug 2019 until May 20, 2020. Fees listed are monthly, Aug 2019-May 2020. Registered children may participate in any Y program and receive the member rate from first day of school Aug 2019 until May 20, 2020. School-Year Plan includes a 50% discount on a Y Family Membership from first day of school Aug 2019 until May 20, 2020. School Day Off Camp plans include all School Day Off Camps and Late Start Days. You must pay the drop-in rate for each day after this deadline. \*Register for School Day Off Camp plans by Oct 1, 2019.

AFTER SCHOOL PLAN OPTIONS (Full-time is 4-5 days a week; part-time is 1-3 days a week)	BEFORE & AFTER SCHOOL PLAN OPTIONS (Full-time is 4-5 days a week; part-time is 1-3 days a week)
<b>After School Care Only</b>	<b>Before and After School Care</b>
<input type="checkbox"/> <b>Part-time</b> \$323 per month (Aug \$162) Select Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> <b>Part-time</b> \$464 per month (Aug \$232) Select Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> <b>Full-time</b> \$472 per month (Aug \$236)	<input type="checkbox"/> <b>Full-time</b> \$592 per month (Aug \$296)
<b>After School Care and School Day Off Camps*</b>	<b>Before and After School Care and School Day Off Camps*</b>
<input type="checkbox"/> <b>Part-time</b> \$447 per month (Aug \$224) Select Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> <b>Part-time</b> \$588 per month (Aug \$294) Select Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> <b>Full-time</b> \$594 per month (Aug \$297)	<input type="checkbox"/> <b>Full-time</b> \$714 per month (Aug \$357)

**BEFORE SCHOOL ONLY PLAN:** Full-time \$266 per month (Aug \$133)

**SCHOOL DAY OFF CAMP ONLY PLAN:** All school day off camps. \$1430 (\$477 due upon registration; \$477 due Nov 1; \$477 due Feb 3). Register for this plan no later than Oct 1, 2019. Refunds will not be issued for missed days or canceled plans.

**DROP-IN:** Get care on the days you need from the first day of school through May 20, 2020. Fees listed are daily, per usage. There is an annual \$30 registration fee per family. Drop-in fees are incurred as before/after school, Late Start Days and School Day Off Camp services are utilized. School Day Off Camps have limited spaces, so register early with your site director. No sibling discount applies to drop-in. You must have a credit card on file prior to utilizing drop-in care. After School Care: \$44 per day; Before School Care: \$23 per day; Before and After School Care (on same day): \$55 per day; Late Start Days (SVVSD Schools): \$30 per day; School Day Off Camp: \$75 per day (\$10 late fee for registrations received less than 3 weeks prior to camp date.)

OFFICE USE ONLY: Paperwork received date \_\_\_\_\_ Intake by \_\_\_\_\_



Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Select if Applicable (Must be authorized prior to starting.): CCAP Client  YMCA Financial Assistance

**School Day Off Camps (7:00am-6:00pm)**

School Day Off Camps are included with all Year-round Plans and select School-year Plans. School Day Off Camp Only Plan: Get all school day off camps for \$1430. Drop-in School Day Off Camp: \$75 per day (\$10 late fee for registrations received less than 3 weeks prior to camp date.) You must have a credit card on file prior to utilizing drop-in care. Fees must be paid in full prior to camp start date. Fill out payment form on page 3. Sites subject to change.

**BVSD SCHOOL DAY OFF CAMPS**

SELECT DAYS ATTENDING	SELECT SCHOOL SITE			
<b>Teacher In Service Day</b> Mon, Oct 14 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Louisville K-5th <input type="checkbox"/>	Crestview K-5th <input type="checkbox"/>
<b>Thanksgiving Break</b> Mon, Nov 25 <input type="checkbox"/> Tue, Nov 26 <input type="checkbox"/> Wed, Nov 27 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Superior K-5th <input type="checkbox"/>	Crestview K-5th <input type="checkbox"/>
<b>Winter Break 1</b> Mon, Dec 23 <input type="checkbox"/> Tue, Dec 24 <input type="checkbox"/> Thu, Dec 26 <input type="checkbox"/> Fri, Dec 27 <input type="checkbox"/>	Arapahoe Y <input type="checkbox"/>		Mapleton Y <input type="checkbox"/>	
<b>Winter Break 2</b> Mon, Dec 30 <input type="checkbox"/> Tue, Dec 31 <input type="checkbox"/> Thu, Jan 2 <input type="checkbox"/> Fri, Jan 3 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Louisville K-5th <input type="checkbox"/>	Foothill K-5th <input type="checkbox"/>
<b>Teacher In Service Day</b> Mon, Jan 6 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Louisville K-5th <input type="checkbox"/>	Foothill K-5th <input type="checkbox"/>
<b>Martin Luther King Jr. Day</b> Mon, Jan 20 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Foothill K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Louisville K-5th <input type="checkbox"/>
<b>Teacher In Service Day</b> Fri, Feb 14 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Foothill K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Superior K-5th <input type="checkbox"/>
<b>Presidents Day</b> Mon, Feb 17 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Foothill K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Superior K-5th <input type="checkbox"/>
<b>Spring Break</b> Mon, March 23 <input type="checkbox"/> Tue, March 24 <input type="checkbox"/> Wed, March 25 <input type="checkbox"/> Thu, March 26 <input type="checkbox"/> Fri, March 27 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Superior K-5th <input type="checkbox"/>	Foothill K-5th <input type="checkbox"/>
<b>Spring Conference Exchange Day</b> Fri, April 17 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Louisville K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Crestview K-5th <input type="checkbox"/>
<b>Spring Conference Exchange Day</b> Mon, April 20 <input type="checkbox"/>	Bear Creek K-5th <input type="checkbox"/>	Louisville K-5th <input type="checkbox"/>	Flatirons K-5th <input type="checkbox"/>	Crestview K-5th <input type="checkbox"/>

**Mini Camps (8:00am-5:00pm)**

Mini camps are not included with any Year-round or School-year Plans. \$65 per day (\$10 late fee for registrations received less than 3 weeks prior to camp date.) Fees must be paid in full prior to camp start date. Fill out payment form on page 3.

SELECT SCHOOL DAY OFF	SELECT YMCA LOCATION	SELECT SCHOOL DAY OFF	SELECT YMCA LOCATION
<b>Assessment Day</b> Mon, Sept 16 <input type="checkbox"/>	Arapahoe Y <input type="checkbox"/> Mapleton Y <input type="checkbox"/>	<b>Veteran's Day</b> Mon, Nov 11 <input type="checkbox"/>	Arapahoe Y <input type="checkbox"/> Mapleton Y <input type="checkbox"/>

**SVVSD SCHOOL DAY OFF CAMPS**

SELECT DAYS ATTENDING
<b>Teacher In Service Day</b> Fri, Oct 18 <input type="checkbox"/>
<b>Teacher In Service Day</b> Mon, Oct 21 <input type="checkbox"/>
<b>Thanksgiving Break</b> Mon, Nov 25 <input type="checkbox"/> Tue, Nov 26 <input type="checkbox"/> Wed, Nov 27 <input type="checkbox"/>
<b>Winter Break 1</b> Fri, Dec 20 <input type="checkbox"/> Mon, Dec 23 <input type="checkbox"/> Tue, Dec 24 <input type="checkbox"/> Thu, Dec 26 <input type="checkbox"/> Fri, Dec 27 <input type="checkbox"/>
<b>Winter Break 2</b> Mon, Dec 30 <input type="checkbox"/> Tue, Dec 31 <input type="checkbox"/> Thu, Jan 2 <input type="checkbox"/> Fri, Jan 3 <input type="checkbox"/>
<b>Martin Luther King Jr. Day</b> Mon, Jan 20 <input type="checkbox"/>
<b>Teacher In Service Day</b> Fri, Feb 14 <input type="checkbox"/>
<b>Presidents Day</b> Mon, Feb 17 <input type="checkbox"/>
<b>Spring Break</b> Fri, March 20 <input type="checkbox"/> Mon, March 23 <input type="checkbox"/> Tue, March 24 <input type="checkbox"/> Wed, March 25 <input type="checkbox"/> Thu, March 26 <input type="checkbox"/> Fri, March 27 <input type="checkbox"/>
<b>Teacher In Service Day</b> Mon, April 27 <input type="checkbox"/>

**SVVSD Late Start Days at the Longmont Y (7:00am-School Start)**

\$30 per day. Fees must be paid in full three weeks in advance. \$10 late fee for registrations received less than 3 weeks prior to start date. Fill out payment form on page 3.

SELECT DAYS ATTENDING							
Wed, Sept 4 <input type="checkbox"/>	Wed, Oct 2 <input type="checkbox"/>	Wed, Nov 6 <input type="checkbox"/>	Wed, Dec 4 <input type="checkbox"/>	Wed, Feb 5 <input type="checkbox"/>	Wed, March 4 <input type="checkbox"/>	Wed, April 1 <input type="checkbox"/>	Wed, May 6 <input type="checkbox"/>

Registration fee and first month's tuition is due at time of registration.

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Responsible Party (Full Name) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**YMCA Financial Assistance and CCAP** participants must be authorized before registering. For more information email [reg@ymcanoco.org](mailto:reg@ymcanoco.org) before registering. All YMCA Financial Assistance and CCAP participants must complete and sign this form.

I am a CCAP Client (CCAP clients must complete Y CCAP agreement)

I am applying for YMCA Financial Assistance  I have been approved for YMCA Financial Assistance

**PROGRAM FEES**

**School-Year and Year-Round Plans:** Fees are determined by plan selection. You must notify the Y Business Office of any errors immediately upon reviewing your confirmation statement. The School-Year Plan provides care from the first day of school-May 20, 2020. The billing cycle is Aug 2019-May 1, 2020. The Year-Round Plan provides care from the first day of school Aug 2019 through summer camp Aug 14, 2020. The billing cycle is Aug 2019-July 1, 2020. Auto draft accounts are charged on the 1st of every month. Manual payments are due by the 1st of every month. Program fees must be paid in full to receive services for the month. Payment receipts are available and can be accessed through your online Y account.

**School Day Off Camp Only Plan:** This plan must be registered for no later than Oct 1, 2019. Refunds will not be issued for missed days or canceled plans.

**Drop-In:** Drop-In for care on the days you need from the first day of school-May 20, 2020. Fees are incurred as services are utilized. Fees will be charged the week after care is provided. A credit card or bank account must be on file to utilize the Drop-In care. Drop-In fees will be charged to the account on file unless a manual payment plan exception is approved prior to starting program. Manual payment must be received the same day of service. Must contact your site director 24 hours in advance to reserve a spot; space is not guaranteed.

**School Day Off Camps and Late Start Days:** School-Year families with the School Day Off Camp option and Year-Round families simply sign up by completing the School Day Off Camp form. School-Year families without the School Day Off Camp option and Drop-In families must register online or by form for all School Day Off Camps and Late Start Days that your child(ren) will attend. If not included in your plan, fees must be paid in full prior to camp start date. Cancellations must be received in writing at least two weeks before camp start date. A \$10 cancel fee will be assessed for each day that is canceled.

**Late Fees and Plan Termination:** A \$25 late fee will be assessed when payment is not received by the 7th of each month. If payment is not received by the 15th of the month, care will be suspended until fees are paid in full. To avoid late fees, please ensure that you submit a new Payment Authorization Form prior to your scheduled draft day if your payment information changes. This can be done with your site director or by contacting the YMCA of Northern Colorado Business Office.

**Registration Fees and Registration Late Fees:** The registration fee for School-Year and Year-Round Plans is \$85 per family annually. If you register less than two business days prior to your start date, you will be charged a \$70 late fee. The registration fee for drop-in care is \$30 per family annually.

**Change/Cancellation Policy:** The responsible party must submit a change/cancellation form to the site director by the 15th of the month to cancel/change plan for the upcoming month. Registration fee difference will need to be paid for all plan changes. A \$25 fee will be assessed when plan changes are submitted on a change/cancellation form. No refunds are issued for fees already paid. A credit may be placed on the account for future Y programs at the discretion of the Business Office. April 1 is the deadline to cancel any Year-Round Plan due to commitment for camp planning. No credits or refunds are issued for cancellation of any plan. Please make sure you are signed up for the correct plan.

**Payment Options:** You must select a payment plan option upon registration. The balance owed may include any program related fees due in accordance with the Parent Handbook, Parent Policy Agreement, Fee Schedule or additional K-5th Programs. The amount charged may include any incurred fees related to the program in accordance to published policies. This authorization shall remain in effect until service is canceled with a written notice received by the 15th of the month for the upcoming month. Any fees incurred by the YMCA of Northern Colorado due to collection efforts are owed by the responsible party and will be billed according to laws of the state.

**Autodraft Pay Option (School-Year, Year-Round and Drop-In Plans):** By providing my signature below, I authorize the YMCA of Northern Colorado to charge my debit/credit card or checking/savings account. Any changes or expiration dates for my card 30 days before the draft date.

Credit/Debit Card Holder Name \_\_\_\_\_

Visa/MC/Amex/Disc Card # \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

**BANK DRAFT:** (Attach a voided check or deposit slip)

Account Holder Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Routing Transit # \_\_\_\_\_ Account # \_\_\_\_\_

**Manual Pay Option (School-Year and Year-Round Plans Only):** By providing my signature below, I agree to provide payment by the 1st of every month. Payment must reach the Y Business Office, YMCA of Northern Colorado, 2800 Dagny Way, Lafayette, CO 80026 by the 1st of every month.

**Help children in need participate in youth programs:** More than 35% of our participants receive some form of financial assistance. Please add a donation amount if you would like to help a family in need.

Yes, I would like to make a monthly donation in the amount of: \$ \_\_\_\_\_ or a one time donation of: \$ \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**STOP! PLEASE READ.**

**If you are registering by July 1, 2019 and have provided a valid email address...**

You're done! You do not have to fill out pages 4-7. After your paperwork is processed, you will receive an email invitation to create an ePACT account.

**If you already have an ePACT account...**

You're done! You do not need to fill out pages 4-7. If any of your contact or medical info has changed, be sure to update your account.

**If you are registering after July 1, 2019 and have a valid email address...**

Fill out pages 4-7. After your paperwork is processed, you will receive an email invitation to create an ePACT account.

**If you do not have internet access or an email address...**

Fill out pages 4-7.

**GENERAL INFORMATION** (please print clearly)  Returning Participant  New Participant  Enrolling in BVSD  Enrolling in SVVSD

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parental Custody \_\_\_\_\_ Child Lives With: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Parent/Guardian 1** \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone Carrier (required for text alerts) \_\_\_\_\_

Email (must have valid email address for ePACT) \_\_\_\_\_

Please provide your cell phone carrier if you wish to receive texts from us (Verizon, AT&T, etc.) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone Carrier (required for text alerts) \_\_\_\_\_

Email (must have valid email address for ePACT) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS**

In addition to parents, ONLY those on the below list will be allowed to pickup a child from a Y program. I understand that the following contacts must be at least 18 years old and have photo ID. Myself or one of the below listed contacts will be available to pick up my child and/or assume emergency responsibility within a half an hour should an emergency or illness occur. I accept responsibility for **informing the YMCA, in writing**, when the information changes. If you want to limit the contacts below to emergency contact only, please check the box below: **EC=Emergency Contact Only**

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ **EC**

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ **EC**

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ **EC**

**PARTICIPATION AGREEMENT AND RELEASE: Please read very carefully and sign. Please contact the Y with any questions.**

I am aware of all Y program activities and allow my child to participate fully unless otherwise noted on this form. I allow and hereby certify that my child named herein is capable of safely participating in Y program activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with YMCA programs from liability for any harm that befalls my child as a result of participation in YMCA programs. I consent, unless noted, that photographs and video taken of him or her are the property of the YMCA of Northern Colorado and may be reproduced and publicized for program and marketing purposes, free of claims on my part. I agree to allow my child to be transported by BVSD or other district bus, YMCA vehicles, RTD bus or walking. I understand that children must be signed in and out every day by an authorized adult 18 years and older. Parents and any of my emergency pick up/contacts must have a photo ID available to show staff every day. I agree to adhere to all program policies published by the Y.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH HISTORY INFORMATION**

May participate in all activities  Please restrict from these activities: \_\_\_\_\_

Current medical, mental or psychological condition pertinent to routine care of child including any current treatment/care (i.e. interests, guidance techniques, current chronic illnesses, current fears, life impacting events):  
\_\_\_\_\_  
\_\_\_\_\_

Additional information you feel helpful: \_\_\_\_\_  
\_\_\_\_\_

None  Yes: Routine Medications: Include prescription, holistic/over the counter, vitamins, lotions, lip balms, etc.

1. \_\_\_\_\_ Times: \_\_\_\_\_ For: \_\_\_\_\_ 2. \_\_\_\_\_ Times: \_\_\_\_\_ For: \_\_\_\_\_

**Must fill out a state medication release form signed by physician and parent if medications are needed during program times. Please refer to Parent Handbook for specific regulations.**

**IMMUNIZATION RECORDS:** You must provide an immunization record on a form approved by the Colorado Department of Health and Human Services (a print out from your child's school, physician's office or immunization card completed and signed).

None  Yes: ALLERGIES/ASTHMA Type: \_\_\_\_\_ Reactions if exposed: \_\_\_\_\_

Treatment: \_\_\_\_\_

**You must also complete a state licensed allergy/asthma health care plan form for any condition requiring medication or emergency treatment. Pick up at the Y or download at ymcanoco.org.**

None  Yes: DIETARY RESTRICTIONS: \_\_\_\_\_ Reason: \_\_\_\_\_ Reaction: \_\_\_\_\_

You may be required to provide healthy snacks which accommodate your child's dietary restrictions.

Does your child have an I.E.P./504 Plan with his/her school?  NO  YES (If yes, please submit a copy.) Any special need/accommodation/restriction must be determined with the parents/guardian, program director and VP of program and approved prior to start date. Attendance for children who require additional staffing is dependent on availability of staff and may be at family's expense. Please refer to Special Needs Policy in Parent Handbook.

Is your child capable of toileting independently?  NO  YES

**MEDICAL CONTACTS/INFORMATION**

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

**MEDICAL AUTHORIZATION AND LIABILITY RELEASE: Please read very carefully and sign. Please contact the Y with any questions.**

In case of illness or emergency, as parent/legal guardian, I authorize the Y site director or trained and certified personnel to provide care or secure the services of a doctor if necessary. I hereby hold harmless the YMCA staff, volunteers and all involved with YMCA programs from liability for any accidents resulting from participation and consent to the YMCA to secure emergency care as needed or prescribed for my child, at my expense. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of an emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child's health. I understand that medical information and personal data will be used only in Y programs, when necessary, to protect a child's well being.

Parent/Guardian Signature: \_\_\_\_\_

**Deep Water Swim:** Do you want your child to take a test to participate in deep water swim (above his/her nipple line) on YMCA swim field trips?  NO  YES

**Person(s) restricted from contact with restraining order/photo attached:** Please provide any of the information below which is available. In the event that this person should try to pick up child, the staff will contact the police, contact you and do everything possible to prevent them from taking your child, without risking the safety of the participants and staff.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Last Known Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Court Order \_\_\_\_\_ Date \_\_\_\_\_

**I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.**

**1ST PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2ND PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD'S INFORMATION** (Please fill out one form for each child.)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Camp: \_\_\_\_\_ Grade: \_\_\_\_\_

- 1) I will follow all policies in the YMCA Parent Handbook, fee schedule, site regulations and this agreement. The handbook is at [ymcanoco.org](http://ymcanoco.org) on the program registration page. If you do not have access, please ask for a hard copy. I understand that completion of all necessary forms is a required condition of participation in YMCA school age, camp programs and preschool.
- 2) I am responsible for ensuring that my child is signed in and out by an authorized person (over the age of 18 years) each day that my child participates in the YMCA. Full signature is required by state licensing. Photo ID is required every day! If you are a CCAP client, you must sign-in/out and utilize the ATS System.
- 3) I authorize my child to participate in all YMCA scheduled activities. I understand that some scheduled activities may change due to program needs, weather or other circumstances. I will notify my site director/camp counselor if I do not want my child to participate in an activity and understand that I may need to find alternative care for that day if necessary. I understand that it is my responsibility to list these activities on the ePact form under physical/emotional/personal limitations fields and discuss them with my site director.
- 4) Field trips are part of many of our programs. Due to safety issues and state licensing regulations, children may not be dropped off or picked up from any location other than the program site/camp unless there are plans for the entire group to do so. All children are expected to participate in all field trips.
- 5) I may not leave my child at the YMCA program site until a YMCA staff person is there to care for my child. If I arrive at the site and a staff person is not there, I understand I need to call the Arapahoe facility office at 303-443-4474. They will contact the director and/or appropriate supervisor and have them contact you asap.
- 6) The YMCA staff may communicate with any school staff in regards to the wellbeing of my child.
- 7) If I arrive after published program closing time to pick up my child, I will be charged a late fee of \$10 per 10 minutes per child beginning at 6:01pm. I will pay the fee on the evening that I am late by check or money order made payable to the YMCA of Northern Colorado. Continual violations may result in disenrollment.
- 8) YMCA staff will discourage anyone who appears to be incapable of getting a child home safely from leaving with that child. Law enforcement authorities may be contacted to provide for any child's safety.
- 9) The YMCA is mandated by state law to report any signs of possible child abuse or neglect to the appropriate authorities for investigation. State law prohibits notification to parents in this situation. A report does not mean that our staff assumes there is abuse happening; that determination is made by professionals at Child Protection Services.
- 10) The YMCA may end my families' participation in YMCA programs for any of the following reasons:
  - Failure to adhere to YMCA or Health and Human Services Policies
  - Behavior by my child that poses a threat to the safety of him/herself or others or is in violation of handbook policies
  - Behavior by my child that is disruptive to the overall goals of the program or destructive to property
  - Leaving the direct supervision of a staff person without permission
  - Parent behavior which is disrespectful to staff, children, community or property
  - Non-payment, late payment or return of payments by financial institution for any fees
- 11) Photographs or videos of my child in YMCA activities may be used as promotion or for educational/training purposes for the YMCA unless otherwise requested in writing.
- 12) I will notify the site director by 8:00am on school day off and summer camp days and by 1:00pm for after school programs, if my child will be absent on any day which s(he) regularly attends. A \$25 "no notification" fee is charged if my site director has to search for my child or contact me. If my child is not located after school, emergency contacts will be notified. If there is no confirmation of the child's safety in a reasonable time, police will be notified and will take responsibility for searching for your child so that our staff may return their attention to the program. If my child is absent from school for a day, the YMCA director must be notified personally rather than getting the information second hand from school personnel. Please ensure that you have his/her cell and email at all times.
- 13) I will give all medications with completed YMCA medication release form with completed state licensed health care plan to the designated staff person for safe keeping and dispensing according to the guidelines listed in the handbook. Medications include prescription and over the counter drugs, vitamins, holistic treatments, lotions/skin care products, chapstick/lipgloss and cosmetics. Please refer to the handbook for more detailed information. A physician signature on a state licensed health care plan is required.
- 14) The YMCA is not responsible for loss of my child's personal property. Children should not bring the following items: money, toys, iPods, tablets and other electronics, cell phones, or dangerous items or weapons. The YMCA provides active, creative activities that contribute to the health of all of our participants. Nothing will be allowed in YMCA programs that conflicts with YMCA and/or BVSD school policies and expectations. We recognize that children's interests change and evolve. If your child has an interest in specific toys or equipment which we do not have, please talk to your director and we will take all reasonable steps to see if we can get those items in our program. The request must fit into our program philosophy and be implementable with groups of children.



15) Due to insurance liability, I understand that it is against YMCA policy for staff to socialize with or babysit my child(ren) outside the YMCA program. At no time should YMCA staff have contact with your child including email, phone, social media or other forms of contact outside of YMCA programs. Staff who do not adhere to this policy are at risk of losing their position with the YMCA. Please do not put our staff at risk by asking them to participate in the above activities.

16) I am responsible for providing 30SPF (+) sunscreen on full days labeled with my child's first and last name. My child may apply sunscreen to him/herself under supervision of a staff person or a staff person may assist my child if needed. Failure to provide sunscreen may result in limited activities for my child. Please provide a t-shirt and notify your site director if your child needs it for outdoor swimming. I understand that I will need to apply sunscreen to my child before arrival and that it will be reapplied throughout the day as needed on full days. For preschool children and Camp Santa Maria campers, sunscreen must be provided by parent/caregiver and accompanied by the CO Medication Release form. A physician does not need to sign. The sunscreen will be applied by Y staff prior to outdoor activity.

17) A nutritious lunch, which meets licensing standards, needs to be provided by parents. If a lunch is not provided or does not meet licensing standards, the staff will make an effort to contact the parent when possible. Otherwise the staff will provide a lunch or appropriate added food groups and the parent will be charged \$25, due at the end of the day. We do not provide refrigeration or microwaves for children's lunches. Please refer to the parent handbook for details on provided snacks and criteria for lunches. We serve fresh fruit and vegetables for snacks along with whole grain crackers, dairy or protein with an occasional "treat." If your child has a special diet, you may be required to provide snacks from home. Meals are provided at Camp Santa Maria.

18) All communication concerning my child's schedule, account, billing, information updates and information concerning other YMCA programs will go directly to my site director. If s/he cannot help, they will provide the contact information to a YMCA staff person who can assist you.

19) Missed Days: Fees are non-refundable and credits or refunds are not given for missed days. A yearly two-week vacation is figured into our fee structure for School Year families, a three-week vacation for our Year Round families. Please refer to the cancel/change form for camp programs.

20) I understand that my child is to honor the YMCA core values: honesty, respect, responsibility and caring when in YMCA programs. As a parent, I am expected to model these values when participating in YMCA programs.

21) I agree to refrain from cell phone conversations in YMCA program areas or use of my cell phone to take photographs at any YMCA program. Your child and the YMCA staff need your full attention at pick up time.

23) I understand that my child does not have access to YMCA site cell phones while at the program. Site directors will determine if a parent needs to be contacted and call them directly if necessary.

24) Due to licensing regulations, allergies and safety issues, no animals are allowed in the YMCA program areas including playgrounds.

25) Planning for school day off and summer camps involves reserving an appropriate number of buses for field trips weeks in advance, making accurate reservations for field trips, purchasing appropriate supplies and snacks, staffing for appropriate ratios and accommodating all of the children who need care for the day. To provide quality programming and keep fees reasonable, cancellation and change policies are stated on forms and will be adhered to.

26) School Day Off Camps: School location for full days may vary depending on the school maintenance needs and the number of children attending. A calendar is available from your site director or information can be found online at [ymcanoco.org](http://ymcanoco.org). Please see our School Day Off information page at [ymcanoco.org](http://ymcanoco.org) for days the YMCA provides School Day Off Camps as well as which days we are closed.

27) All changes and cancellations must be submitted on the proper form available at [ymcanoco.org](http://ymcanoco.org). Change/cancel/refund policies are stated on the form. I understand that it is my responsibility to inform any other legal guardian/parents of all information in this document if they are not available to sign it.

I understand that it is my responsibility to inform any other legal guardian/parents of all information in this document if they are not available to sign it.

1st Parent/Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2nd Parent/Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**STOP! THIS FORM IS ONLY FOR CCAP/TANF PARTICIPANTS.**

The YMCA of Northern Colorado accepts payment from CCAP (Colorado Childcare Assistance Program) at a much lower fee than our regular rates. It is important that you read and understand the fee schedule so you are aware of the rates you will be charged for any YMCA services used which are not covered by your third party funding. This agreement is REQUIRED for all families who are subsidized by CCAP, third party agencies or other individuals.

As parent or legal guardian of (child's name) \_\_\_\_\_,  
I understand and agree to the following:

Initial \_\_\_\_\_ I am responsible for payment of **tuition fees when waiting for authorization or if my authorization expires with CCAP**. I understand that I must provide payment in full upon starting the program if not authorized by CCAP prior to the start date.

Initial \_\_\_\_\_ I understand that excessive absentism will result in the possible loss of my child's space in the preschool program.

Initial \_\_\_\_\_ I am responsible for payment of my **parent fee by the 1st of every month**. I have read the Parent Agreement and Fee Schedule including payment policies and understand that I am responsible for any fees not covered by CCAP or a third party.

Initial \_\_\_\_\_ I am responsible for **payment at the full fee for any care I use that is not authorized by CCAP**. This includes, but is not limited to:

1. Any care that occurs before or after the dates authorized by CCAP
2. Care used on days/times not authorized by CCAP
3. Late pick-up fees
4. Late payment fees
5. No notification fees
6. Any other fees as indicated in YMCA documents including the Parent Handbook

Initial \_\_\_\_\_ I am responsible for contacting CCAP and the YMCA immediately in writing if my situation changes (employment status, hours of work, enrollment in school, custody, living arrangements or change of address).

Initial \_\_\_\_\_ I am responsible for providing my caseworker with documentation at least two weeks before my current expiration date. This gives your caseworker time to process your information and provide a new authorization to the Y before your current authorization expires.

Initial \_\_\_\_\_ I understand that cancellation/expiration of CCAP does not automatically cancel enrollment in childcare with the YMCA. I am responsible for completing registration and change/cancellation forms according to YMCA policies. If your CCAP expires, we assume you want to continue childcare as a full paying family unless we are notified otherwise.

Initial \_\_\_\_\_ I understand that YMCA financial assistance may be available if I do not qualify for CCAP. Financial assistance is not retroactive so it is important to apply immediately if denied by CCAP.

Initial \_\_\_\_\_ I understand that failure to make payments as scheduled can/will result in termination of my care and will result in lack of CCAP benefits for future providers. Failure to pay fees in a timely manner may result in dis-enrollment from the program and my account may/will be sent to collections.

Initial \_\_\_\_\_ I understand that I must use my CCAP card and swipe it each attendance day in order for my childcare to be subsidized by CCAP. I must correct all denied swipes as soon as notified. Otherwise, I may be responsible for charges on my account.

**PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_