



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

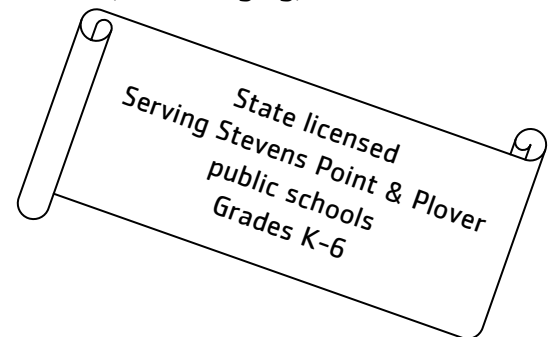
## Welcome to the YMCA Great Escape Before & After School Program 2011-2012



The YMCA Great Escape Program is designed to offer well-supervised, safe, quality care for school age children. Our program is set up to accommodate both working and non-working parents. It offers children an opportunity to grow and develop in an enriching, multi-choice, encouraging, and pressure-free environment.

In a semi-structured setting, our program will help children to:

- Grow personally and increase self-esteem
- Clarify issues
- Improve relationships and parent involvement
- Appreciate diversity
- Become better leaders and supporters
- Develop specific skills
- HAVE FUN



The Stevens Point Area YMCA is a non-profit, charitable organization that is dedicated to the development of the whole person: Spirit, Mind and Body. No child is ever denied membership or participation due to financial need.

### **Important Registration Information**

- All forms, including immunization records, must be complete at the time of registration.
- Physician/Dentist information must include the street address, and phone number.
- A \$15 registration fee is due at the time of registration.
- **Payments are due on the 15<sup>th</sup> of each month prior to attendance.**
- A voided check and signed bank draft agreement are required at the time of registration for the bank draft option. The first draft will be August 15<sup>th</sup>, 2011 and the last draft will be April 15<sup>th</sup>, 2012.
- **The first month's payment is due at the time of registration for all other payment options.**
- Complete the special activities sheet if your child will be attending activities such as breakfast, Big Brothers/Big Sisters, Boy/Girl Scouts, clubs, or sports in conjunction with Great Escape.
- It is the parents responsibility to let their child's school/teacher know when they will be attending Great Escape.
- **All Registration forms must be received by 6PM August 26th, 2011, for your child to start on the first day of School.**



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## GREAT ESCAPE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F  
 Birth Date: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade for 11-12 School Year: \_\_\_\_\_

Before School Care

After School Care

Variable

M  T  W  R  F

M  T  W  R  F

<u>Schedule:</u>	<u>Monthly Tuition:</u> <u>YMCA Member</u>	<u>Monthly Tuition:</u> <u>Non-Member</u>
10 sessions/week	\$260	\$310
9 sessions/week	\$243	\$288
8 sessions/week	\$216	\$256
7 sessions/week	\$196	\$231
6 sessions/week	\$168	\$198
5 sessions/week	\$145	\$170
4 sessions/week	\$132	\$144
3 sessions/week	\$102	\$111
2 sessions/week	\$70	\$76
1 session /week	\$36	\$39
Add a Session	\$9.25/session	\$10.50/session

### DAYS OFF PROGRAM

**Early Release Days:** 12:15 pm – 6:00 pm

**Full Days:** 6:30 am – 6:00 pm

**Member Rate: \$19/day**

**Member Rate: \$29/day**

**General Public: \$27/day**

**General Public: \$37/day**

\*Pre-registration is required.

\*Payment is due in full at time of registration.

\*Children should bring swimsuit, towel, and a lunch.

\*Held at the YMCA, Transportation is NOT provided.

\*Two week notice is required for a refund or to transfer days. (\$5 cancellation fee applies)

Fri Oct 28

Wed Dec 28

Mon Mar 19

Mon Nov 14

Thur Dec 29

Tue Mar 20

Wed Nov 23

Fri Dec 30

Wed Mar 21

Fri Nov 25

Mon Jan 2

Thu Mar 22

Fri Dec 23

Mon Jan 23

Fri Mar 23

Mon Dec 26

Mon Feb 20

Fri Apr 6

Tue Dec 27

\*Dates as of 5/19/11

CONTINUED ON BACK SIDE



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### SNOW DAYS OFF AT THE YMCA

YES  NO

**Member Rate: \$59 General Public: \$72**

- ✓ 6:30 am to 6:00 pm
- ✓ One time fee reserves a spot for your child for any and all FULL-DAY cancellations due to winter weather.
- ✓ Registration is required at least 1 business day prior to the snow day announcement.
- ✓ Payment is due in full at the time of registration.
- ✓ Fee is non-refundable unless the YMCA is able to fill reserved spot prior to snow day.  
\*A \$5 cancellation fee will apply.

### Tuition Payment Agreement

**Registration Packet:** A registration packet is required at time of registration. All registration forms must be complete. Parents are responsible for notifying the Child Development Office in writing of any changes in your child's registration information, including emergency contact and pick up information.

**Registration Fee:** There is a non-refundable \$15 registration fee per child due at the time of registration.

**Payments:** To simplify payments, Great Escape payments have been divided into 9 equal payments. Although specific dates included in each periods may vary from month to month, the payments are equal amount and are due the 15<sup>th</sup> of each month prior to attendance for 9 months.

**Payment Schedule:** The first Payment is due at the time of registration, and the final payment is due April 15<sup>th</sup>, 2012.

**Payment Options:** You may make payments by bank draft, credit card draft, cash, check, or credit card. You may mail or drop off your payments at the YMCA, 1000 Division St., Stevens Point, WI 54481; or call 715-342-2999 with credit card information. Please put your child's name on all correspondence.

**Late Fees:** Payments not received by the 15<sup>th</sup> of each month prior to attendance will be assessed a late fee of \$10.00. A \$15.00 fee will be assessed for returned checks.

**Overtime:** Children must be picked up by the closing time of 6:00 pm or an overtime fee of \$5.00 for each additional 15 minutes will be charged. Chronic tardiness may be grounds for termination.

**Schedule Changes and Terminations:** All cancellations and schedule changes must be received in **writing 15 days** prior to the change. Notify the Child Development Office by one of the following methods: mail your notice to 1000 Division St., Stevens Point, WI 54481, fax it to 715-342-2987, e-mail it to [childdevelopment@spymca.org](mailto:childdevelopment@spymca.org), or drop it off directly at the YMCA. Additions to the schedule will be made based on availability. All refunds are subject to a \$5 cancellation fee.

**Add a Session:** If you need to add a session, you must call the Child Development Office prior to your child attending the Great Escape Program and get approval. Each added session must be paid for in advance. Switching one session for another is not allowed.

**Financial Assistance:** If you receive financial assistance you are responsible for knowing all co-payments. If your child is registered for Great Escape, Days Off or Snow Days and does not attend, you will be responsible for the full tuition amount as we will not receive funding if your child is not in attendance.

I understand and agree to the terms of the tuition fees/schedule policy explained in the Parent Handbook and Tuition Agreement. I understand that I am responsible to meet the payment due dates regardless of my child's attendance. In addition, I understand that an authorized person will sign my child in at the morning session of Great Escape and sign them out in the afternoon session. The child will walk to class after being released from the morning session of Great Escape and in the afternoon, will walk from class to Great Escape and be signed in by a YMCA staff member.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Stevens Point Area YMCA – Child Care/Preschool/Great Escape

## PARENT/GUARDIAN CONSENT and WAIVER & RELEASE OF LIABILITY

\_\_\_\_ Initial **Section #1: REASONABLE ACCOMMODATIONS CLAUSE:** Children with special needs or challenges will be accepted provided that "reasonable accommodations" can be made for their participation in the program and/or the child's participation does not require an inordinate amount of staff time that would not allow for the safety and welfare of the other children in the program. I understand that if my child requires an unusual amount of one-on-one attention, whether due to special needs or behavior, my child may be removed from the program.

\_\_\_\_ Initial **Section #2: MEDICAL RELEASE:** In the event I cannot be reached, I give consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I agree that I will be responsible for the payment of all medical services rendered.

\_\_\_\_ Initial **Section #3: RELEASE FROM LIABILITY:** I understand that all reasonable safety precautions are taken by the YMCA in the operation of its facility, equipment, and programs. However, participants and parents of children must recognize and accept that there are inherent risks when choosing to participate in any YMCA program; risks that could cause sickness, injury or death. I agree that my child's participation in the YMCA programs shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, volunteers, and agents shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes of action whatsoever, to my child or his/her property, arising out of or connected to participation in this program or any other YMCA program. I agree to hold harmless and indemnify the YMCA, its directors, employees, volunteers, and agents from any and all liabilities and claims resulting from participation in this program.

\_\_\_\_ Initial **Section #4: MEDIA RELEASE:** I give my permission for my child to appear in media coverage approved by the YMCA and for the YMCA to use photographs and video of my child for promotional purposes.

\_\_\_\_ Initial **Section #5: FIELD TRIP PERMISSION:** I give permission for my child to participate in walking, bus and YMCA van field trips. I understand that details will be sent home in advance and that these trips are dependent on weather conditions.

\_\_\_\_ Initial **Section #6: SUNSCREEN/REPELLANT:** I give permission for my child use sunscreen (NO-AD SPF 30) and insect repellent (OFF Skintastic with 5% DEET) provided by the YMCA and for my child to receive application assistance as needed.

\_\_\_\_ Initial **Section #7: PARENT HANDBOOK:** I have received the YMCA Child Care, Preschool or Great Escape Parent Handbook, which includes necessary program information for my child/ren and me. I have read the information and agree to abide by the policies and procedures therein. I also understand that a copy of the Policies Manual and DCF 251 licensing manual are available to me on the parent table.

\_\_\_\_ Initial **Section #8: PETS:** I have been informed of the pets in the center and their degree of contact with my child. I will be informed by the YMCA if pets are added prior to the pet's addition to the center.

\_\_\_\_ Initial **Section #9: RESPONSIBILITY STATEMENT:** I understand that the YMCA's responsibility for my child begins after s/he has entered the program area and has been signed in and ends when s/he leaves the program area and is signed out. **I understand that I and/or an authorized adult must sign my child/ren in and out.**

\_\_\_\_ Initial **Section #10: PARTICIPANT ENROLLMENT ACCEPTANCE:** I hereby apply for a reservation for my child as a program participant. I agree to pay the total fee on or before the payment due date. Failure to pay by the due date may forfeit my application and deposit. Furthermore, if my child is forced to leave the program due to illness, injury, or inappropriate behavior a refund may not be available. Children must be picked up by the identified program closing time or I understand that an overtime fee of \$5 for every additional 15 minutes will be charged. YMCA membership must be valid at the time of registration and maintained through the program dates to receive member rates.

\_\_\_\_ Initial **Section #11: SCHEDULE INFORMATION:** I understand that I am responsible for notifying the YMCA Child Development Office **in writing** any changes in my child's schedule, and to inform the staff of any extra curricular activities that may affect my child's attendance. I understand that schedule cancellations, changes and transfers may result in fee charges (see current registration for details).

\_\_\_\_ Initial **Section #12: INFORMATION RELEASE:** I authorize the Stevens Point Area YMCA and my child's school to exchange and share information related to my child including: YMCA reports, behavior plans, school psychological evaluations, social work reports, IEP's and related evaluations/reports.

\_\_\_\_ Initial **Section #13: ACCURATE/COMPLETE INFORMATION:** I hereby state that all information I have provided is accurate and complete. I understand that it is my responsibility and required by licensing to provide any changes/updates regarding emergency and health information to the YMCA.

**I have carefully read and initialed each of the above parent/guardian consent sections. I fully understand that by signing this form I have given my parent/guardian consent for my child on all sections contained within.**

\_\_\_\_\_  
Child's Name – Please Print

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date