



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRIME TIME & KID'S CLUB SCHOOL AGE PROGRAM

Welcome to Prime Time/Kid's Club! We are glad you chose to be involved in our before and after school program. Our hours are Monday through Friday, 7am to the start of school and the end of school to 6pm. Attached you will find the enrollment packet for your child.

The forms in this packet are for the safety of your child. The YMCA is required by the Kansas Department of Health & Environment and Shawnee County Health Department (Licensing) to have them on file. It is extremely important that they are completed and turned in before your child's first day in Prime Time/Kid's Club. Your child will not be allowed to attend the Prime Time/Kid's Club Program if the required forms are not on file. Complete all forms.

ENROLLMENT FORM

This form shows which school your child attends, what session(s) they will be attending, who is responsible for payment as well as emergency contacts. Please fill in all blanks with either the asked for information or N/A.

PAYMENT AGREEMENT

The YMCA prefers automatic bank drafts or credit card drafts for easy accounting. Please mark preferred payment mode, provide required information, sign and date the form. Payment is required prior to service.

HEALTH HISTORY FOR CHILDREN & YOUTH ATTENDING SCHOOL AGE PROGRAMS

Required by KDHE (2 sided) – If your child attended school in Kansas, Missouri or Oklahoma last school year, you do not have to complete the immunization record, except for kindergarten. State requires the YMCA to have the kindergarten immunization on file. The remainder of the form needs to be completed and signed by the parent or guardian but does not need to be signed by your physician. Be sure to include the addresses for "persons authorized to pick up the child" and your physician. All blanks must be filled in or marked with N/A on both sides.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Required by KDHE – must be completed and signed by parent or guardian. The form is required by hospitals for admitting a child in cases of emergency. This is a legal document that cannot be scratched out, written over or changed with correction fluid. This form also requires complete insurance information and last date of Tetanus inoculation. Also, anything you have listed on the Health History for Children and Youth Attending School Age Programs form under "conditions or difficulties that affect this child or youth," must be repeated on this form at the bottom where it says "list any known allergies or other information about the medical status of this child or youth pertinent in case of emergency." in or marked with N/A. If the form is witnessed it does not need to be notarized.

RELEASE WAIVER OF LIABILITY AND INDEMNITY/CONSENT FOR MEDIA CONTACT

The waiver is required by our liability insurance company. The consent part must be completed to advise the Prime Time staff if your child can participate in media events and have their photo taken for Prime Time use. Please complete, sign and date.

Again, thank you for choosing the YMCA Prime Time/Kid's Club Program for your family's before and after school needs. If you have any questions, please contact the Prime Time office at 785-354-8591 ext. 8635 or 8645.



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2016-2017 YMCA PRIME TIME ENROLLMENT FORM

SCHOOL (Please Circle One):

- Auburn Jay Shideler Scott Stout Wanamaker
Berryton Loman Hill Shawnee Heights Tecumseh North Kid's Club-DT
Farley Ross Silver Lake Tecumseh South Kid's Club-SW

PLEASE PRINT:

Start Date ___/___/___ Attended Prime Time last year? ___Yes ___No

Child's Name: Last First Middle Home # ___-___-___

Address _____ City _____ State _____ Zip _____

Grade _____ M/F _____ Birth Date ___/___/___ Age _____

Email: _____

CHECK: Person Responsible for Fees:
___ AM Monday-Friday 7am to start of school. \$25 per week/per child. ___ Full Pay
___ PM Monday-Friday Afterschool 6pm. \$35 per week/per child. ___ YMCA Financial Assistance Scholarship
\$15 Registration Fee (Non Refundable) ___ DCF or KVC or St. Francis (Circle One)
(Parents are responsible for making contact with family services. The YMCA will charge full rate unless notified by a case worker.)
KID'S CLUB: ___ DT ___ SW
\$24 In Advance

PARENT GUARDIAN INFORMATION

Parent _____ Parent _____
Address (if different) _____ Address (if different) _____
City, State, Zip _____ City, State, Zip _____
Cell # ___-___-___ Work# ___-___-___ Cell # ___-___-___ Work # ___-___-___

EMERGENCY CONTACT

In case of an emergency who should be contacted first. In case that neither parent can be contacted, please select someone that lives close enough to pick up your child if needed.

Name: _____ Cell #: _____ Relationship: _____
Name: _____ Cell #: _____ Relationship: _____

OFFICE USE:

___ Account Receivable ___ Packet Received ___ Packet Copied to site ___ Packet Sent



YMCA PRIME TIME/KID'S CLUB Payment Agreement/Authorization

Parent Name _____

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

HOW WILL YOU BE PAYING?

DIRECT PAYMENT TO THE YMCA IN PERSON: Fees are due every Friday prior to attendance the next week. Failure to make payment will result in cancellation of my child's spot.

BANK DRAFT: (please submit a voided check for account verification)
I authorize my bank to honor weekly drafts drawn by the YMCA of Topeka on my account for Prime Time / Kid's Club payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for payment. Should any draft not be honored by said bank when received by them, I understand that the payment is to be made by me in the amount of said payment, plus a return fee of \$25.00. If full payment is not received, I understand that my child will be considered unregistered for camp and will not be able to attend until the payment is collected in full. Any changes must be submitted in writing with a two week notice of the change. Failure to do so may result in insufficient funds and the YMCA will not be responsible for fees or refunds. The weekly bank draft will be processed by the YMCA on Friday of each week.

Bank Name _____ Name on Account _____

Routing # _____ Account # _____

CREDIT CARD DRAFT: VISA MASTERCARD DISCOVER AMERICAN EXPRESS
I authorize my credit card company to honor weekly drafts drawn by the YMCA of Topeka on my account for Prime Time / Kid's Club payment. When the draft is honored by charging my account, such drafts constitute my receipt for payment. Should any draft not be honored when received, I understand that the payment is to be made by me in the amount of said payment, plus a return fee of \$25.00. If full payment is not received, I understand that my child will be considered unregistered for camp and will not be able to attend until the payment is collected in full. Any changes must be submitted in writing with a two week notice of the change. Failure to do so may result in denied transactions and the YMCA will not be responsible for fees or refunds. The weekly credit card draft will be processed by the YMCA on Friday of each week.

Card Number _____ Expiration Date _____ 3-Digit Code _____

Name as it appears on card _____ Zip Code _____

THIRD PARTY SERVICES: DCF/SRS KVC OTHER _____
I understand that I am responsible for any fees not covered by DCF or other Third Party Services each week. I understand fees are to be paid in advance unless otherwise authorized by Camp Registrar.

DCF/SRS: I understand that payments may be made through the DCF website (ebtedge.com), phone or in person at the YMCA. I understand that the DCF fees are subtracted from full program rates prior to any YMCA assistance being applied.

KVC/OTHER: A statement of authorization must be provided confirming that the agency will be responsible for the full weekly rate payment. Fees and payments will not be determined by time sheets.

I understand and will abide by the payment policy stated above that I have selected.

Signature _____ Date _____



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
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Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.
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Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
DPT, DT*, TD (*DT only if child is allergic to DTP)		/ /	/ /	/ /	/ /	/ /
POLIO		/ /	/ /	/ /	/ /	
MMR		/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
HBV (Hepatitis B Vaccine) *RECOMMENDED		/ /	/ /	/ /		
VAR (Varicella-Chicken Pox) *RECOMMENDED		/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

School Name	License #	School Name	License #	School Name	License #
Auburn	26501-008	Ross	32432-009	Tecumseh North	32431-008
Berryton	14839-008	Scott	29761-007	Tecumseh South	000488-010
Farley	0065756-007	Shawnee Heights	487-007	Wanamaker	0000714-009
Jay Shideler	712-008	Stout	61482-007	Kid's Club DTN	0014688-004
Lowman Hill	35448-007	Silver Lake		Kid's Club-SW	0048554-007

I hereby authorize _____ (Name of individual/staff member) and/or _____ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____

_____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ and _____.
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u> County of _____ Signed or attested before me on _____ by _____. <div style="display: flex; justify-content: space-around;"> MM/DD/YYYY Name of Person </div> (Seal, if any.) <div style="text-align: center;"> _____ Signature of notarial officer _____ Title (and Rank) My appointment expires: _____ </div>
--

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

**YMCA OF TOPEKA KANSAS
DOWNTOWN • KUEHNE • SOUTHWEST • CAMP HAMMOND**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

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 off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY, INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

_____ Date _____ Name of Child in Program _____ Signature of Applicant/Parent

Consent for Media Contact

We frequently take snapshots of the children enjoying various activities. Generally, these pictures are used for training experiences, staff training, or displayed for parents' and children's enjoyment. Occasionally, pictures will appear in publication or on television.

_____ I give consent for my child to have contact with the media. I give permission for my child's photograph to be used and/or for my Child to be quoted.

_____ I do not want my child to have contact with the media, however, photos taken by Prime Time staff for in-house use only are acceptable.

_____ I do not want my child to have contact with the media or to have their photo taken by Prime Time staff for in-house use.

Auburn	Jay Shideler	Scott	Stout	Wanamaker
Berryton	Loman Hill	Shawnee Heights	Tecumseh North	Kid's Club-DT
Farley	Ross	Silver Lake	Tecumseh South	Kid's Club-SW

Parent Signature

Date



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Prime Time & Kid's Club

The YMCA's **before and after school care program** strives to employ mission oriented team members who are active, engaging and responsible to work with your children. This program is site based in 13 area schools in Topeka and Shawnee County area. Children K-6 are nurtured in a comfortable, yet thought-provoking child care environment. At each site, children's needs are balanced with learning, physical activities and social skills. Crafts, games, tutoring and one on one communication gives children the opportunity to thrive by helping them learn and grow.

Our 13 sites are open before school at 7am and after school until 6pm.

Site Locations:

District 372: Silver Lake Elementary

District 437: Auburn, Jay Shideler, Farley & Wanamaker Elementary

District 450: Tecumseh North, Tecumseh South, Berryton, & Shawnee Heights Elementary

District 501: Lowman, Ross, Scott Magnet & Stout Elementary

In addition to the before and after school care, we offer Kid's Club. This program is at the Downtown and Southwest YMCA locations.

School days out-care for K-6th grade from 7am to 5:30pm.

Kids will get to explore the world around them through hands-on activities and excitement, your child engages in activities that create new experiences. Under the supervision of highly qualified and caring staff, your child develops social skills, makes new friends, learns new skills, and expresses their growing independence. Activities include arts and crafts; games, sports, swimming, environmental education, songs, skits, and daily highlight activities.



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Preschool & Childcare

Downtown Location

All Year – All Day – 7am to 6pm - Ages 3 to 5 years – Cost \$130 per week.

The goal is to help children become independent, self-confident, and inquisitive learners. The curriculum is based on the Four Core Values of the Y, caring, honesty, respect and responsibility.

Education is the main purpose of the program, but the Y also will focus on the health of the children with nutritional meals and snacks, swim lessons and a free Y family membership for the family.

Southwest/USD 437 Location

School Year – All Day – 7am to 6pm - Ages 12 months to 5 years – Cost varies according to age of child.

The Y is contracted by the USD 437 School District to educate and care for the children of the staff of the school district. The Y staff follows guidelines of the school district's curriculum with the added bonus of the Y's four core values.

The Southwest/USD 427 Location is licensed by the State of Kansas to care for 54 children in three classrooms.



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PRIME TIME Sponsored Application

SCHOLARSHIP PREREQUISITES

- ◆ Children ages 5 (and completed kindergarten) to 14 years of age
- ◆ Scholarship slots are limited and available on a first come, first serve basis as openings occur
- ◆ Must be ineligible for SRS Child Care assistance – please provide denial letter
- ◆ Single Parent Family – parent must be employed
- ◆ Traditional Family – both parents must be employed (or, one employed/other unable to care for child)

Parent/Guardian Name _____ Martial Status: Single Married Divorced

Address _____
Street City/State Zip Code

Telephone #'s (Home) _____ (Cell) _____ (Work) _____

Total Household Income (All family income must be included)

Employer _____ Spouse's Employer _____

Gross Pay \$ _____ (Before Taxes)

- ◇ Per Hour
- ◇ Per Month
- ◇ Per Year

Gross Pay \$ _____ (Before Taxes)

- ◇ Per Hour
- ◇ Per Month
- ◇ Per Year

Unemployment Income \$ _____ Per Month

SRS Income \$ _____ Per Month

(cash assistance/ & food stamps)

Social Security Income \$ _____ Per Month

Child Support/Alimony \$ _____ Per Month

School loans/grants \$ _____ per Year

Other \$ _____

TOTAL GROSS INCOME (ANNUAL)

\$ _____

TOTAL DEPENDENTS (including yourself - family size must be verified with a copy of prior year income tax return: _____)

DOCUMENTATION MUST BE SUBMITTED FOR EACH SOURCE OF INCOME

You must provide: (any that apply to your situation)

- ◆ A copy of most recent pay stub with gross paid-to-date
- ◆ Verification of any unemployment income received
- ◆ Verification of any Social Security income received
- ◆ Verification of any SRS income received
- ◆ Verification of child support/alimony income received
- ◆ Verification of any other household income received

Child/Children Attending Summer Day Camp: (Must be accompanied by enrollment forms)

Child's Name _____ Camp Requested _____ # of Weeks _____

Child's Name _____ Camp Requested _____ # of Weeks _____

Child's Name _____ Camp Requested _____ # of Weeks _____

Child's Name _____ Camp Requested _____ # of Weeks _____

Child's Name _____ Camp Requested _____ # of Weeks _____