



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Clinton Community YMCA Y-Zone Kindergarten-5th grade

Monday-Friday
6:30 a.m.-Start of School
End of School-6:00 p.m.

Come join us for before and after school fun! Y-zone offers homework help, arts & crafts, exercise, character development, and most importantly FUN!

REGISTRATION: Only children who are registered and paid may attend Y-Zone. No child is turned away! We have an open door policy and a financial package for EVERYONE! First day of attendance is the first day of school. After school Y-Zone is held at Lincoln Elementary and CES. **Morning Y-Zone will be at CES only and transportation being provided for Douglas Elementary and from Lincoln School students for Morning and After school.**

-----Registration Form ----- (one form per child) -----

Complete and return this form to the Clinton Community YMCA @ 417 S. Alexander St. Clinton, IL 61727. \$25.00 (nonrefundable) registration fee must accompany this form. Registration fee is required regardless of date child starts Y-Zone.

Fees: Before School-\$11.00 / After School-\$15.00
Both morning & After School-\$22.00
10% discount for 2nd child (and 3rd, 4th, 5th....)

Child's Name _____ **Date of Birth** _____ **Grade in fall 2025** _____
Please Print Clearly- First (what your child goes by) and Last Name

Parent/Guardian 1 _____ **Parent/Guardian 2** _____

Address _____ **Address** _____

City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Phone** _____

Email Address _____ **Email Address** _____

I hereby give permission for my child to enroll in the Clinton Community YMCA Camp Osage. I agree to complete the parent packet information, pick-up authorization card, waiver, and Health Form before my child's first day of camp.

Parent/Guardian Signature _____

INFORMED CONSENT AGREEMENT

I hereby certify that my child is of normal health. I assume all risks related to the conduct of the program. I will hold the Clinton Community YMCA and its staff harmless from any claims, suits or losses including but not limited to claims resulting from injury or death, accidental or otherwise. I authorize the Clinton Community YMCA to obtain medical treatment for my child in the event I cannot be contacted. (Failure to sign agreement will result in the loss of playing opportunity for your child.)

Parent Signature: _____ **Date:** _____

Office Use Only

\$25.00 Reg. fee ___ Y / N ___ Amt. paid _____ Date _____

Staff Initials _____

SIMPLE TEXT INFORMATION:

We will be using our new texting service to provide updates and information throughout the school year. Please check the box below in order to receive these informational messages via text messages. I agree to receive promotional messages sent via an autodialer, and this agreement isn't a condition of any purchase. I also agree to the Terms of Service and Privacy Policy 2 msgs/month. Msg & Data rates may apply.

☐ I want to receive updates and information via text message through SimpleText.

Name	Relation to camper	Phone # to be added to Simple Text

Y-ZONE CONSENT

The undersigned, as parent or guardian of the child or children listed below, give consent for the said children to participate in all y-zone activities. I understand that my child will not be released to anyone other than those I have indicated in writing.

I authorize my child to ride as a passenger in the YMCA bus or van for field trips. I also authorize my child to ride as a passenger in vehicles used by the YMCA program. I understand that these trips are under the supervision of YMCA staff and that health and safety precautions are taken for each person who enrolls in the program.

I authorize my child to be photographed during his/her attendance at the Y-Zone program. This consent releases all personnel or the YMCA from liability. This consent also gives permission for photographs to be used in publicity for the YMCA.

I authorize that artwork my child produces at the YMCA Y-Zone program may be displayed in ways deemed appropriate by the YMCA staff in the community, newsletters, flyers, forms, T-shirts, lobby, etc.

The undersigned, in my individual capacity as parent or guardian of the child or children participating in the YMCA Y-Zone program, understand that participation does involve certain risks, including but not limited to personal injury and property damage arising from the equipment and activities and or the actions of other participants. In consideration of these services provided and understanding these risks, I personally and on behalf of my child or children release the Clinton Community YMCA, YMCA Y-Zone, and their employees, agents, volunteers, and all other persons and agencies having any affiliation with the Y-Zone program and from all liability and claims arising from any occurrence or accident while my child or children participate in the program.

Be aware that many of the above consents are required for participation in the YMCA Y-Zone program.

Parent/Guardian Signature _____

Name(s) of child(ren) attending Y-Zone

PARENT'S FINANCIAL AGREEMENT

1. All YMCA accounts must be up to date and any balances must be paid in advance before your child can register/attend Y-Zone.
2. **All** payments will be processed between the Saturday after your child attends Y-Zone and Tuesday afternoon the following week.
 - a. (Example: If your child attends Y-Zone the week of May 28th-May 31st, your account will be billed anytime between June 1st-4th.) We will no longer be able to provide specific payment dates for individual accounts.
3. If an account falls behind more than 2 weeks, the child must wait to attend Y-Zone until the account is current.
4. All CCRN payments will be ran the first full week of the month. If the month ends during the middle of the week, we will wait until the following week to run the payments after we receive rosters with attendance.

Any participant requiring financial assistance must pay full price until there has been a written notice provided by the state; or a scholarship form has been approved by the YMCA.

Parents will be required to have a credit card or EFT on file and payments will be auto-deducted (unless special circumstances apply). Staff will not accept cash. Children will **not** be allowed to attend Y-Zone without payment.

The YMCA will actively pursue receipt of any balance left unpaid after a child's withdrawal from the program. In the event an account is past due, it may be turned over to a collection agency. If an account is not paid in full and this account is turned over to a collection agency and/or attorney, then parent/guardian will be responsible for fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees of 50% of the balance due and costs of attorney's fee of 33% of the balance.

There will be a \$5.00 charge for every 5 minutes a child is not picked up by 6:00 p.m.

Parent/Guardian Signature _____ Date: _____



Y-ZONE DISCIPLINE STRATEGIES AND PROCEDURES

The Y-Zone program has been developed to provide activities that are safe, creative, and fun for all. No child's behavior will be allowed to interfere with our right to enjoy being at y-zone. Praise and recognition of good behavior is built into our program. We believe that a child who is kept busy focusing on positive behavior is much less likely to stumble "off the trail" into negative behavior. Strategies have been developed to help each child choose to behave appropriately. To guarantee all children in the program a safe, positive, and enjoyable climate, we utilize the following Behavior Guidelines and Discipline Strategies.

Behavior Guidelines

We expect campers to act respectfully at all times when they are participating in our programs. Children are to behave in a mature, responsible way and respect the rights and dignity of others.

Actions will reflect the YMCA Four Core Values:

- Children take **Responsibility** for their actions.
- Children **Respect** themselves, each other, y-zone equipment and the environment.
- **Honesty** will be the basis for all relationships and interactions.
- Children will be **Caring** in their relationships with others.

Children should talk to a counselor or any y-zone staff member if they are uncomfortable with any experiences or need assistance while at y-zone.

Conflict resolution

When children are having difficulties with each other, the staff will give the children involved reasonable opportunities to resolve their differences. The staff will mediate with the children and supply them with problem solving techniques that will help them deal with difficult situations.

Discipline Procedure

When a child does not follow the behavior guidelines, we will take the following action steps as behavior problems progress.

1. Staff will redirect the child to more appropriate behavior.
2. If inappropriate behavior continues, the child will be reminded of behavior guidelines and y-zone rules, and staff will decide on action steps to correct his/her behavior.
3. If inappropriate behavior continues, as a final action step the child may be placed on a behavior management system or dismissed from y-zone. Single day(s), week(s), or full school year dismissals can be applied.

Examples of unacceptable behavior:

- Refusing to follow behavior guidelines or y-zone rules
- Using profanity, vulgarity or obscenity
- Stealing or damaging property (personal or school property)
- Refusal to participate in activities or cooperate with staff
- Disrupting a program
- Leaving a program without permission
- Endangering the health and safety of children and/or staff
- Teasing, making fun or bullying of other children or staff
- Fighting of any kind

Y-zone staff will record incidents of behavior that warrant 30-minute time-outs. The Y-zone Co- Coordinators reserve the right to skip over early consequences if behavior is severe enough to pose a risk to either the misbehaving child or others in the group. Our goal at y-zone is to give the child every opportunity to correct his or her own behavior, without involving the parent.

Y-zone fees are non-refundable if a child is sent home for disciplinary reasons. Physical violence or bullying toward another child or staff member will result in immediate dismissal from the y-zone program.

Bullying Policy

At Y-zone, bullying is inexcusable, and we have a firm policy against all types of bullying. Each child is expected to treat all other children with respect, and to help each other achieve the best possible experience. If a child has difficulty meeting this expectation, parents may be called upon to assist.

Bullying refers to one or more perpetrators who act aggressively toward their victim by verbal or physical means. This behavior is not a one-off episode; it must be repetitive and habitual to be considered bullying.

Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their staff and their children. We work together as a team to ensure that children gain self-confidence, make new friends, and go home with their y-zone experience.

Y-ZONE DISCIPLINE STRATEGIES AND PROCEDURES

I, _____ (parent/guardian), have read and understand the information in the Discipline Strategies and Procedures handbook and will assist the Y-Zone staff / YMCA in providing a safe, positive, and enjoyable climate while my child(ren) attends Y-Zone.

Childs Name(s) _____

Parent / Guardian Name _____

Signature _____

Date _____

Y-Zone

Pick Up Authorization Card

Child(ren)'s Name(s) _____

Please include names and information for person(s) authorized to pick up your child from Y-Zone / Camp.

Name _____ Relation to child _____

Address _____

Phone _____

Name _____ Relation to child _____

Address _____

Phone _____

Name _____ Relation to child _____

Address _____

Phone _____

Name _____ Relation to child _____

Address _____

Phone _____

Y-Zone Medication Form

Please list all allergies, behavior disorders, medications and dosage. Please sign this form and return.

Child's name _____

Parent/Guardian Name _____

Please list all medications & dosage taken daily by camper:

Medication Name	Dosage

Medication to be taken at Y-zone? (Please circle) YES NO

If yes, please list below:

Medication Name	Dosage	Time to be taken

I hereby request and authorize Clinton YMCA personnel to administer medication as directed by the physician. I agree to allow Clinton YMCA to properly dispose of any medications that have not been picked up by the last day of camp.

Parent/Guardian Signature _____