



# KINDER ACADEMY PROGRAM

YMCA of Northern Utah  
Weber & Davis County



2019  
2020

## CONTACT US

801-839-3385

[ymcautah.org](http://ymcautah.org)

[weberfamily@ymcautah.org](mailto:weberfamily@ymcautah.org)

575 Lockwood Drive,  
Ogden, UT 84404

# WELCOME TO ALL

ONE-TIME \$10 REGISTRATION FEE PER CHILD

## MONTHLY FEES — \$180

### DAVINCI KINDER ACADEMY — PM

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Attends AM DaVinci Kindergarten

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11:45 AM—3:15 AM  
MONDAY—THURSDAY

### DAVINCI KINDER ACADEMY — AM

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Attends PM DaVinci Kindergarten

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8:15 AM—11:15 AM  
MONDAY—FRIDAY

# YOUTH INFORMATION

## YOUTH INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Site: \_\_\_\_\_

Gender  Male  Female  Other

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Language? \_\_\_\_\_ Grade \_\_\_\_\_

Does your youth have (select all that apply)  IEP  504 plan  Other

Does your youth have (select one)  Reduced Lunch  Free Lunch  Not Free/Reduced Lunch

## MEDICAL INFORMATION

Food Allergies/Dietary Restrictions \_\_\_\_\_

Medical Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Behavioral Challenges \_\_\_\_\_

On-site medication \_\_\_\_\_

Covered by family/medical insurance?  Yes  No Carrier or Plan Name: \_\_\_\_\_

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## FOR GRANT REPORTING PURPOSES

Youth's Ethnicity:  Hispanic / Latino  Non-Hispanic

Youth's Race:

White/Caucasian  Asian  American Indian/Alaskan Native

Black/African American  Hawaiian/Pacific Islander  Hispanic / Latino  Other



# PARENT/GUARDIAN INFORMATION

## PARENT/GUARDIAN 1 — Head of Household

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender  Male  Female  Other Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work No. \_\_\_\_\_

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## PARENT/GUARDIAN 2

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender  Male  Female  Other Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work No. \_\_\_\_\_

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## EMERGENCY CONTACTS / AUTHORIZED PICK-UPS

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

## ADDITIONAL AUTHORIZED PICK-UPS

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

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## FOR GRANT REPORTING PURPOSES

Number of people in your household \_\_\_\_\_ Marital Status \_\_\_\_\_  
Total Household Income (circle) \$0- \$20,450 \$20,45 - \$34,100 \$34,101 - \$54,550 \$54,551+

### How did you learn about this YMCA program?

- PeachJar  Billboard  YMCA Website / Internet Search  Family / Friend  Social Media / Email  
 School Referral by \_\_\_\_\_  Other: \_\_\_\_\_

# PERMISSIONS & AGREEMENTS

## PERMISSIONS

Yes  No - As parent/legal guardian, I give consent to have YMCA Youth Program Staff apply both sunscreen and/or bug spray on my youth as needed. I understand that it is my responsibility to provide sunscreen and/or bug spray for my youth, but that the YMCA will supply it if necessary to avoid any potential skin damage to your youth. I am aware that the YMCA staff will be respectful to your child during the application process.

Yes  No - I give my permission for my child to participate in activities on/at school/city property during regularly-scheduled YMCA Programming.

Yes  No - I give my permission for my youth to participate in walking & bus transported Field Trips.

Yes  No - I give my permission for my youth to participate in swimming and/or wading at public pools.

Yes  No - I give my permission for my youth to self-release and walk home from program.

Circle one: End of program **OR** On or after (time) \_\_\_\_\_

Signature for self-release: \_\_\_\_\_

Yes  No - I agree that the YMCA can share information about my child and my family to partner agencies including those affiliated with Promise Neighborhoods. Information will only be shared for the purpose of helping my family and strengthening donor and grant support. All information shared is confidential and does not include the name of your child. At any time I can request in writing that information no longer be shared. I understand that I can refuse to initial this box for any reason and it will not impact my family's ability to receive services.

Yes  No - I give the YMCA permission to take and distribute photos, video, or other media coverage of my child for marketing purposes deemed fit by the YMCA.

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Yes  No - I allow Ogden School District to share my child's academic information with the YMCA and grant evaluators to better assess the quality of the afterschool program. This information will include grades, test scores, demographics, attendance, and social emotional survey results.

Yes  No - I give permission for the YMCA to authorize treatment in the event of a medical emergency.

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

Date \_\_\_\_\_

## CONDUCT AGREEMENT

This is to certify that I have read and agree to all YMCA policies as outlined in this form and in the Parent Handbook found online at [ymcautah.org](http://ymcautah.org). I agree to hold harmless and release the YMCA from any liability of injury or illness that may result from my or my child's participation in program activities. I support the YMCA in their efforts caring for my youth. My child will abide by the code of conduct established by the YMCA, as well as the discipline code established by the school/school district that my child attends. I understand that as the parent/guardian I am expected to also uphold the YMCA's four core values of Honesty, Respect, Caring, and Responsibility in my dealings with the YMCA, its partners, and its program participants. I understand that YMCA programs must adhere to Utah State Child Care Licensing law and regulations, and that my child may be asked to withdraw from program in order for these laws and regulations to be upheld.

By signing below I am taking on all duties as the sole responsible party and will adhere to all conduct policies set forth by the YMCA.

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

Date \_\_\_\_\_

# YMCA PAYMENT POLICY

Please read and sign to indicate that you agree to the YMCA Payment Policies.

- I understand that there is a **one-time \$10 sign-up fee per child** for the school-year season, and that this fee may be waived if I register online at [ymcautah.org](http://ymcautah.org).
- I understand that **all fees and outstanding balances are due the 20<sup>th</sup>** of the month prior to attending program. If payments are not received in full by this date, my child may lose their spot in the program to a wait list participant. No child will be admitted to program if there is an outstanding balance on the family's account. Once payment is received, my child will be admitted to program after 48 business hours.
- I understand that an automatic **late fee of \$10 per child** will be added to my account if payment is not fulfilled by the 1<sup>st</sup> of the month.
- I understand that program fees are **only refundable when requested in writing at least two weeks prior** to the program start date. I also understand that sign-up fees and deposits are not refundable. I understand that I will not be issued a refund if any member of my family is dismissed from YMCA programs for a violation of policies, such as behavior issues.
- I understand that I will be charged **\$2.00 per minute, per child, for late pick-ups**. I understand that this balance must be paid before my child returns to program. I understand that the YMCA may contact the local Police Department if my child is not picked up 30 minutes after program ends.
- I understand that program **fees will not be reduced based on my child's day-to-day attendance**, including sick or absent days.
- I understand that the **YMCA offers financial assistance**, and I may be required to first apply for the Department of Workforce Services Child Care Subsidy before receiving privately funded or additional YMCA financial assistance. I will provide complete and accurate information when applying for financial assistance.
- I understand that the **YMCA reserves the right to pursue collection of unpaid accounts** through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process. If an account is turned over to collections a \$20 processing fee will be added to the account balance.
- I understand that an NSF charge up to **\$25 will be charged to my account for returned items** along with a late fee if applicable.

By signing below I am taking on all duties as the sole responsible party and will adhere to all payment rules and conduct policies set forth by the YMCA.

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

Date \_\_\_\_\_

