



## MASH PROGRAM (4<sup>th</sup>-8<sup>th</sup> grade)

***"My After School Hangout"***

**Activity fee of \$40 must be paid in full by every participant**

**Member Cost:     \$40 (4-5 days)  
                          \$30 (2-3 days)**

**Non-Member:     \$50 (4-5 days)  
                          \$40 (2-3 days)**

20% discount for any additional children (YMCA MEMBERS ONLY)

1. Please pay your payment on time. Lack of payments may lead to suspension or termination of the program.
2. A late charge of \$5 for the first 15 minutes and \$1 each additional minute will be charged for any child picked up after 6:00 P.M.
3. We do provide financial assistance, accept WCCC and DCFS payments.

**We provide all day care on school closings, early out days as well as unscheduled school out days (snow, weather conditions). The costs for these days are additional and separate to our weekly fees. Please acquire additional information from the front desk.**

**Member cost: \$20 full days/\$16 half days**

**Non-Member Cost: \$25 full days/\$18 half days**

**Mash provides help with homework, snack and activities daily after school for your child(ren). Please send swim wear with your child if they would like to swim.**

## **Check List**

**Childs Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Classroom Teacher:** \_\_\_\_\_

**Completed DCFS Application**

**Child's birth certificate**

**Signed the back of the DCFS booklet**

**Recent photo of child**

**Paid Activity Fee**

**Please circle the days of the week your child will be attending**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

**PARENT OR OTHER PERSONS(S) PLACING THE CHILD**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Relation to child \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Working hours \_\_\_\_\_ Working hours \_\_\_\_\_

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

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

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

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

Phone Number \_\_\_\_\_ Hospital or Clinic \_\_\_\_\_

**PROGRAM**

Days per week \_\_\_\_\_ Hours of care \_\_\_\_\_

Rate of pay (optional) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or other person placing child

\_\_\_\_\_  
Signature of caregiver

\_\_\_\_\_  
Date

If the child has any of the following, please explaining:

Medical problems \_\_\_\_\_

Physical handicaps \_\_\_\_\_

Restrictions for play—outdoors \_\_\_\_\_

Restrictions for play—indoors \_\_\_\_\_

Allergies \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

If the child is an infant, what are the feeding instructions? \_\_\_\_\_

Time \_\_\_\_\_ Amount \_\_\_\_\_ Temperature \_\_\_\_\_

Diaper changes: Powder \_\_\_\_\_ Ointment \_\_\_\_\_

Other information that will help in caring for the child \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY**

State of Illinois  
Department of Children and Family Services

**CONSENTS TO DAY CARE PROVIDERS**

NAME OF CHILD \_\_\_\_\_

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

**EMERGENCY MEDICAL CARE**

This authorizes \_\_\_\_\_  
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will  
be responsible for the emergency medical charges upon receipt of the statement. \_\_\_\_\_  
is the preferred doctor/clinic/hospital.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize \_\_\_\_\_ to administer prescribed medicine to my/our child as  
specified in the prescription's directions for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER OVER-THE-COUNTER MEDICINE**  
(Administer only in accord with the appropriate standards for licensure)

I/we authorize \_\_\_\_\_ to administer over-the-counter medicine to my/our  
child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**CHILD PICKUP**

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize \_\_\_\_\_

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

to pick up my/our child when I am/we are unavailable.

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

**TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES**

I/we authorize \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

**SWIMMING**

I/we consent to my/our child using the swimming pool of \_\_\_\_\_

at \_\_\_\_\_  
Address

Name of Provider \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in any and all YMCA activities, programs, classes and events, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Quincy, IL and all branches and program centers in this association and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in any and all YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
 (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT all minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)