

BACKUP CHILD CARE REGISTRATION FORM

McGaw YMCA Children's Center

We Build strong kids, strong families, strong communities

Personal & Family Information

Child's Name: _____ Male Female
Date of Birth: _____ School (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____
Day Phone: _____ Evening Phone: _____
Email: _____ Alternate Phone: _____
Parent/Guardian Name: _____
Day Phone: _____ Evening Phone: _____
Email: _____ Alternate Phone: _____
Name of parent/guardian with Northwestern University affiliation? _____
NU WildCard ID# : _____ Is parent a: Faculty Staff Student Full-time Part-time
School/Department _____

Program Interest:

Daily Full Day Early Childhood (7am - 6:15 pm)

Infant (6 wks-15 mos.) \$79 Toddler (16 -24 mos.) \$71 Twos (24 -36 mos.) \$64 Preschool \$58

Daily School Age Backup Care (Kindergarten – Grade 5) Child's Grade _____

After School (until 6:15pm) \$36 School Holiday (7am - 6:15 pm) \$50

Spring & Winter Vacation Camps \$50

The Center is open daily
except for the following dates:

Labor Day
Thanksgiving Holiday
Christmas Holiday
Martin Luther King Day
Spring Staff In-Service Day
Memorial Day
Independence Day
Summer Break Week (August)

Full Day School Age Holiday Program Dates:

Rosh Hashanah
Columbus Day
Yom Kippur
Veteran's Day
Dist 65 Parent/Teacher Conferences (half and full-days)
President's Day
Pulaski Day

Full Day School Age Vacation Camps

Winter Camp
Spring Camp

**Call (847) 475-8580
for availability.**

Reservation & Payment Agreement

1. There is no pre-registration fee for backup care.
2. I understand that availability is based on classroom enrollments on a specified day.
3. I understand that payment is required upon reservation when specific space availability is confirmed by the center.
4. I understand that payment for a confirmed reservation cannot be refunded if the service is not used.
5. I agree to provide the center with all required forms prior to my child attending the center. *The McGaw YMCA is licensed by the Illinois Department of Child and Family Services. DCFS requires that specific records be maintained on each child enrolled in our programs, including a medical form.*

Membership Waiver, Photography Release, & Required Signature

In applying for YMCA membership and/or program participation, I agree to cooperate with others in supporting the YMCA mission, goals, and objectives and to abide by the policies and procedures set forth by the McGaw YMCA Board of Directors. I do hereby agree to hold free from any and all liability the YMCA and its officers, employees, and members, and do hereby myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all claims for damages which I may incur, or which hereafter accrue to me, arising out of or connected with my participation in any of the activities of the YMCA. I understand that membership dues are non-refundable and membership privileges may not be transferred from one individual to another. I give my permission and consent to the use of any photographs, videotapes, or other media record of my child's participation at the McGaw YMCA for any lawful purpose, without compensation to me or on my behalf. If I choose not to have my child photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer.

Parent/Guardian Signature (required) Date _____

Return Forms to the McGaw YMCA Children's Center at 1420 Maple, Evanston or FAX them to (847) 733-2562. Please call (847) 475-8580 to speak with the Program Director about availability on a specific date.