2010/11 After School Enrollment Form for Y.N.O.T.

Child's Name:_____

Print out, fill-in and mail with check to: YNOT After-School Enrollment, 2626 East Lake Drive, Springfield, IL 62712

Age _____

School Attending_____Grade Entering in Fall_____

Date of Birth_____

Mother's Name_____ Father's Name_____

Or, Legal Custodian/Guardian(s) _____

Child's Home Address_____ZipCode_____

Emergency Contact Phone Numbers

Home_____

Cell(s)_____

Work phone(s)_____

Child's Primary Doctor_____

Alternate Pickup People

Name_____Approx. Age_____

D.L.# (for on-spot I.D.)_____

Preferred Hospital_____

YNOT Outdoors After School provides 3 to 6 pm after school camp service for all school days. Other school-kids from Pawnee, Auburn & Divernon are welcome, but the Chatham school calendar is what we work off of. Teacher In-Service days are covered, also. Upon interest level of the kids & parents, YNOT will offer Christmas and Easter break programs that are additional to the basic, after-school camp fee. Snow days & power outage days means YNOT After School is closed, also.

Please check one or both **[__] Fall Semester 2010 -- August 18th thru December 22nd, 2010**

[__] Spring Semester 2011 -- January 6th thru May 26th, 2011

** Please refer to http://www.chathamschools.org/officialschoolcalendar.pdf for dates such as Teacher In-Service, Holidays, etc.*

Special Concerns, Requirements

Please be as descript as possible.

_____

_____

Medical Authorization - Acknowledgement of Health Insurance - Financial Commitment

As parent or guardian of _____, I hereby authorize the staff of YNOT Outdoors to direct medical resources to my son or daughter, as potentially could be required during his/her time spent with us in the **after school** camp program

I understand, though I have made preferences of doctor and hospital, that common sense criteria such as distance from my preferred medical resources at various times throughout the **semester** may require and permit YNOT staff to choose local medical treatment, depending on the day-trip. This would only be in cases where the Emergency Contact cannot be located, phoned or contacted in any manner, upon trying.

I accept that it is YNOT Staff's goal, however, to judge the nature of any injury or sickness, along with the child, to make this decision meet the family's goals for the preferred action taken. I also acknowledge that this enrollee is provided his/her primary health and accident insurance though our family's health insurance, or the enrollee's individual insurance program**. As the person enrolling the child, I also take responsibility for all fees associated with YNOT Outdoors services in 2010/2011, for this enrollee, and commit to full payment of the semesters of service requested above, per the rates of service prescribed below.** If I default in payment of enrollee's fees at any time during requested enrollment, the entire balance shall then become due and payable. In case of default, I acknowledge responsibility for all costs incurred in collection of the amount owed, including court costs, reasonable attorney fees, and/or collection fees at the rate of 35% of my outstanding balance. Days where my child is not present do not negate my financial responsibility for those days.

_____	_____	_____
Parent or Legal Guardian PRINTED NAME	SIGNATURE	D.L.# or S.S.#

Payment Preference

BILLING FOR THE ENTIRE SCHOOL YEAR IS DETERMINED BY THE BOX YOU CHECK, BELOW. IF WEEKLY IS CHOSEN, DEVELOP A HABIT THROUGHOUT THE YEAR OF USING THE MEMO AREA OF YOUR CHECKS TO SPECIFY THE WEEK(s) THAT PAYMENT APPLIES TO, AND THE CHILD'S NAME. All payments are non-refundable due to the necessity to reserve staff, facilities, insurance and camp space for your child.

☐ **Pre-Pay for Fall Semester** '10 (18 weeks) is **$1080**. Accompany your enrollment form with a check.

☐ **Pre-Pay for Spring Semester** '11 (19 weeks) is **$1140**. Accompany your enrollment form with a check.

☐ **Weekly** is **$60.** Paying by the week means payment is due on the Friday prior to the week's attendance. Please attach the first week's $60 when you send in your enrollment form.