



SOUTHDALE YMCA

2018 BEFORE & AFTER CARE PROGRAM

EDEN PRAIRIE School District #272

Targeted Services Programs

The Southdale YMCA Summer School Care is uniquely designed for kids in the Eden Prairie School District Targeted Services Programs. The YMCA Targeted Services program is open to kids entering 1st–6th grade in the fall and will be run in conjunction with the Y School Age Summer Program at Oak Point Elementary School June 18 – August 10.

The Targeted Services Before and After Care program provides your child with the chance to play while you are at work. Your child will enjoy trying new games, making arts & crafts, meeting new friends and creative play in our fun, and safe, supervised recreational program.

Before & After Care Location:

- Oak Point Elementary
- Eagle Heights Elementary
- June 18 – August 10*
- (*No program July 2–6)

Time:

Before Care Sessions

6:15 a.m. –
until Targeted Services classes start

After Care Sessions

End of Targeted Services classes –
until 6:00 p.m.

3-session Minimum – You must register your child for at least 3 sessions per week. You may combine Before and After Care sessions and Friday to meet the minimum.

Program Fees for YMCA Targeted Services Program:

\$50 one-time, non-refundable registration fee

(if your child is currently attending Summer Power this fee is not applicable)

Monday–Thursday

Targeted Services Care — \$33/day
(\$12 per morning | \$21 per afternoon)

Friday (Full Day)

Summer Power — \$41/day

***Note:** There is no Targeted Services on Fridays. You may sign up for Summer Power on Fridays during the Targeted Services session.

- Registrations will be taken until the Monday prior to the week before the session begins.
- You may be billed for the remaining weekly balance, which must be paid by the Monday one week prior to the start of the session. A \$10 late fee will be assessed if payment is not received by the Friday prior to the start of the session. Non-payment will result in cancellation of your child's enrollment.
- Changes to the original registration, including cancellation, must be made in writing by the Monday one week prior to the start of the session. If the change notice is not received, you will be billed for the original contracted enrollment.

YMCA PERSONAL PRICING PLAN

We look forward to having you with us! The Personal Pricing Plan is a needs-based scholarship fund made available through Y Annual Fund – individual and business contributions to our communities. Download an application for YMCA Personal Pricing Plan at: ymcamn.org/summer. Enter the key words: Personal Pricing in the top right corner and follow instructions or call 612-230-9622. Please submit Personal Pricing Plan application with Registration Form.



Open Participation: In the operation of the Summer Camps Food Service Program, no child, as defined by the program regulations, will be discriminated against because of race, sex color, national origin, age or handicap.

Attention Applicants: To ensure all participants have as safe and positive experience as possible, please contact 952-230-6680, if any additional accommodations are needed for participation.

YMCA CUSTOMER SERVICE CENTER

651 Nicollet Mall, Suite #500, Minneapolis, MN 55402
(P) 612 230 9622 (F) 612 223 6322 (W) ymcamn.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTHDALE YMCA BEFORE & AFTER Care Program

2018 Registration Form for Eden Prairie Targeted Services Participants

Child's Name _____ Birthdate _____ Phone _____

Select the school your child will be attending Targeted Services

All Targeted Services BEFORE & AFTER school care is located at Oak Point/Eagle Heights
Select the days you need AM & PM care

June 18 - 22

AM	PM
<input type="checkbox"/> Mon	<input type="checkbox"/> Mon
<input type="checkbox"/> Tues	<input type="checkbox"/> Tues
<input type="checkbox"/> Wed	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Thurs

June 25 - 29

AM	PM
<input type="checkbox"/> Mon	<input type="checkbox"/> Mon
<input type="checkbox"/> Tues	<input type="checkbox"/> Tues
<input type="checkbox"/> Wed	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Thurs

July 9 - 13

AM	PM
<input type="checkbox"/> Mon	<input type="checkbox"/> Mon
<input type="checkbox"/> Tues	<input type="checkbox"/> Tues
<input type="checkbox"/> Wed	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Thurs

July 16 - 20

AM	PM
<input type="checkbox"/> Mon	<input type="checkbox"/> Mon
<input type="checkbox"/> Tues	<input type="checkbox"/> Tues
<input type="checkbox"/> Wed	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Thurs

Select your Friday Care option (No Targeted Services on Friday's)

Friday SUMMER POWER:
 Oak Point/Eagle Heights
 Forest Hills

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 Oak Point/Eagle Heights
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Select the school your child will be attending Targeted Services

All Targeted Services BEFORE & AFTER school care is located at Oak Point/Eagle Heights
Select the days you need AM & PM care

July 23 - 27

AM	PM
<input type="checkbox"/> Mon	<input type="checkbox"/> Mon
<input type="checkbox"/> Tues	<input type="checkbox"/> Tues
<input type="checkbox"/> Wed	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Thurs

July 30 - August 3

AM	PM
<input type="checkbox"/> Mon	<input type="checkbox"/> Mon
<input type="checkbox"/> Tues	<input type="checkbox"/> Tues
<input type="checkbox"/> Wed	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Thurs

August 6 - 10

AM	PM
<input type="checkbox"/> Mon	<input type="checkbox"/> Mon
<input type="checkbox"/> Tues	<input type="checkbox"/> Tues
<input type="checkbox"/> Wed	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Thurs

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Friday SUMMER POWER:
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Payment Information

Please include your first week payment.

Check Enclosed Amount \$ _____

Weekly EFT Authorization Electronic Fund Transfer VISA MasterCard Discover AMEX

Name on Card _____

Card Number _____ Exp Date _____

Note: Per PCI Compliance, credit cards are not stored in the system. Numbers are not on file.

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RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
EFFECTIVE 8/01/13

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of the Greater Twin Cities (hereinafter referred to as YMCA) 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 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/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are 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/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. 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 or my child 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/my child have no medical or physical conditions which could interfere with our safety in these activities, 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.

PARENT/GUARDIAN AUTHORIZATION SECTION -- TRANSPORTATION/MEDICAL

- 1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

GENERAL

- 1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our 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 the YMCA did not utilize waivers as a method to lower insurance and administrative costs. 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 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 _____