# **REGISTERING FOR BEFORE AND AFTER SCHOOL CARE**

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Ensure you have created your account and added before and after school care participants as contacts to your household – view <u>our guide</u> for assistance.

Home	My Memberships	Register N	law Grou	up Exercise Classes Wait	tlist My Financials	My Forms		
Back Reg	<b>O</b> jister		Questions		Contracts		Summary Next	G
Keyword or Code	R	PROGRAM	COURSE	COURSE SESSION	START DATE	SESSION PRICE	OPTION PRICES	
SEARCH BROWSE	filter			Select a Ca	tegory to Brow	se Programs		
CATEGORIES	~							
Aquatics								
Aquatics Before and After School								
Before and After School								
Before and After School Childcare								
Before and After School Childcare Family Programming								
Before and After School Childcare Family Programming Fitness								
Before and After School Childcare Family Programming Fitness Gymnastics								
Before and After School Childcare Family Programming Fitness Gymnastics Sports								

Home My Membership	Register Now	Group Exercise Class	is Waitlist My Financials	My Fi	orms		C
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SEARCH		iehler YMCA After School ire	Buehler YMCA 25-26 After School Care Five Day	G Sep 01 '25		\$3,735.00 - \$3,600.00	ENROLL
BROWSE FILTER	Care Ca	ehler YMCA After School ire	Buehler YMCA 25-26 After School Care Three Day	G Sep 01 '25	\$2,925.00 - \$2,990.00		
Aquatics V	After School El	mhurst YMCA After School ire	Elmhurst YMCA 25-26 After School Care Five Day	Sep 01 '25		\$4,320.00 - \$4,385.00	ENROLL
Before and After School		mhurst YMCA After School ire	Elmhurst YMCA 25-26 After School Care Three Day	G Sep 01'25	\$4,131.00 - \$4,196.00		
Family Programming		ing Park YMCA After hool Care	Irving Park YMCA 25-26 After School Care Five Day	G Sep 01 '25		\$4,350.00 - \$4,380.00	ENROLL
Fitness Gymnastics		ing Park YMCA After hool Care	Irving Park YMCA 25-26 After School Care Four Day	Sep 01 '25	\$3,810.00 - \$3,840.00		OPTIONS \$
Sports		ring Park YMCA After hool Care	Irving Park YMCA 25-26 After School Care Three Day	© Sep 01'25	\$3,270.00 - \$3,300.00		CPTIONS
Youth Enrichment							
Youth Programming		lly Hall YMCA After School Ire	Kelly Hall YMCA 25-26 After School Care Five Day	@ Sep 01 '25		\$4,260.00 - \$4,290.00	ENROLL
Youth Programs		cCormick YMCA After	McCormick YMCA 25-26 After School Care	Sep 01 '25		\$4,350.00 - \$4,380.00	ENROLL

#### Visit the program registration page on Community.

**PART ONE** 

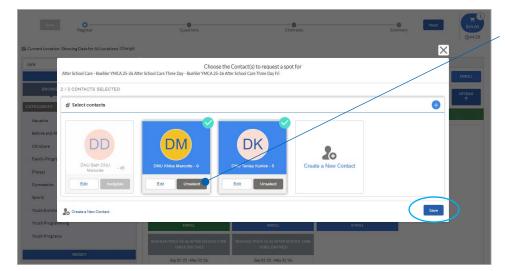
STEP 1:

There are multiple search options:

- Click "SEARCH" to view all available programs.
- Filter to the "Before and After School" category.
- Change from "all locations" to your preferred location.
- Type a keyword into the search bar, such as your YMCA Community Hub name or your school, and click search.

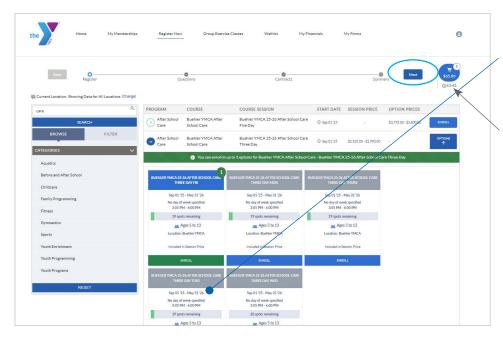
### **STEP 2:**

Once you've identified the program(s) you'd like to register for, click "Enroll" or if multiple options are available click "Select Options".



## STEP 3:

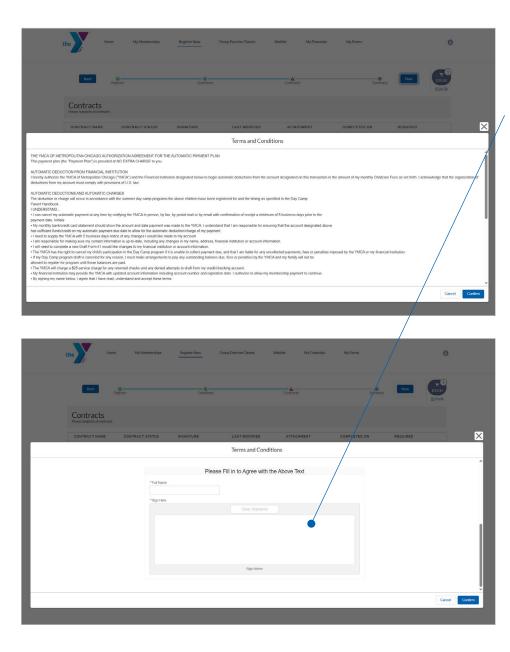
Select the specific option to enroll – a pop-up box will display, select the contact(s) eligible to register and then click "Save."



#### STEP 4:

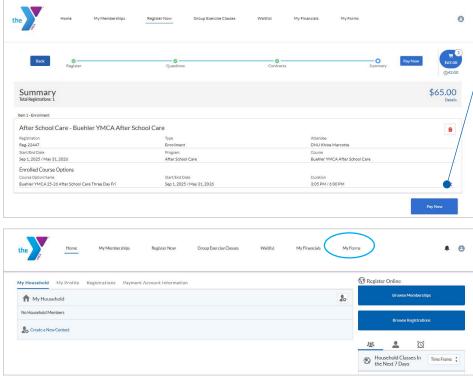
Continue enrolling in all desired programs. Once finished, you will see the program(s) added to the cart and the "NEXT" button in the top menu bar next to the cart icon.

Note – You have 45 minutes to purchase before the cart will time out and registrations will be released.



#### **STEP 5:**

The next step includes signing any contracts required, related to each registration. Select the "SIGN" button and a pop up will display.



#### STEP 6:

After signing any necessary contracts, the final step to complete initial registration is to pay a deposit.

After paying the deposit, your initial registration is complete. You can view any current registrations on the "Home" page of your account, under "Registrations."

# **PART TWO**

You must now complete additional forms before the start of your first session.

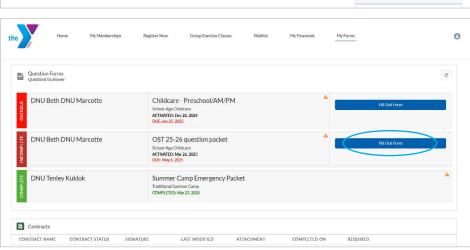
#### **STEP 7:**

To complete the required forms, navigate to "My Forms" on the home page of your account.

You will see any necessary forms and required deadlines, to begin select "Fill Out Form."

A pop-up box will display with additional questions. You can also save this form to revisit multiple times until complete.

Press "Submit" once the necessary
form questions are answered and the
task is complete.



	Custom Ornetha	Weitlist My Financials				
	Custom Questio	n viewer				
DNU Herlin DNU Marcotte OKT 25:26 dejuetion parciet School-Age Childrane						
ustom Questions						
ST 25-26 QUESTION PACKET	Medication #3, Possible Side Effects:		VACA TRANSPORTATION POLICY Transportation between YMCA program lites and/or off-site field trips is either provided by approved tos weather with safety complete latters, or on Y mild bases driven by Y staff who h grow through a taskys much check and applicable in the training. When applicables, staff may we would to program of their tips calcions, incorporation tasks poles at the end of the tochood apy			
se enter Participant's promous.*	MEDICATION CONSENT					
ool Participont Attends *	I give permission to the staff of the YMCA of Metropolitz medication to my child. I understand it is my responsibilit Program Director and in the original prescription contain	y to give the medication directly to the ers. In all cases the recommended dosage	the program location and before/lifter field trips, if applicable. Staff maintain staff to youth ratios when on buses and ensure safe behavior with youth when on buses. Youth are not permitted to stand, move about, or disrupt the bus environment to er			
kipant's Grade in Fall*	of any medication will not be exceeded. If after administer reaction. I give permission to the YMCA to secure from a	ny licensed hospital physician and/or	safety of all passengers and the driver. BUS RULES			
lect an Option 👻	for payment of any and all medical services rendered. I re	cognize and acknowledge that there are				
nt/Guardiant1 First Name:*	certain risks of physical injury in connection with the adr In consideration of the YMCA administering medication child and each of our heirs, successors, assigns, and perso	to my minor child, I on behalf of myself, my inal representatives, do hereby fully	2. Children must be search and facing droward at al times. 3. No food of ortis are to be consumed on the bus/var. 4. Children must keep their hands and feet to themselves and Inside the bus at all times. 5. Destimution of easies or my other penetry van the lass is an allowed. 6. No yelling, screaming, or distructing the bus drive. 7. No theoring optics: Inside the bus. or and the must windows.			
ent/Guardian#1 Last Name:*	release and discharge the YMCA its directors, officers, and and all claims from injuries, damages and losses I or my m connected with, incidental to, or in any way associated w further agree to indemnify, hold harmless and defend th	inor child may have, arising out of, ith the administering of medication. I				
ent/Guardian#1 Street Addresse*	volunteers and employees from any and all claims result sustained by me or my minor child and arising out of, con associated with the administering of medication. The YM	ng from injuries, damages and losses nected with, incidental to or in any way	8. Staff will be dispersed throughout the bus for maximum supervision.     Dy encoling your participant in YMCA programming, you are providing expressed written pen     to transport your child as necessary within the guidelines in this policy.			
ont/Guardianit1 Gity:*	remains after the completion of the program. Medication Consent*		Adults Authorized to Pickup Participant/Emergency Contact - Authorized pick-up individuals serve as emergency contacts if parents or guardians cannot be reached.			
nt/Gaantianil] State: *	While in program, are there allergies we should be aware of?		serve as emergency contacts if parents or guardians cannot be reached. Emergency Contact #1 First Name *			
lect an Option	Select an Option	•				
t/Guardiant#1 Zip Code.*	Please list allergies:		Emergency Contact #1 Last Name*			
	Phose list any asthmas:					
nt/Guardian#1 Email: *			Emergency Contact #1 Address: *			
nt/Guardiantf1 Cell Phone: *	Does the participant have a higher risk for severe reaction? P even if mild symptoms occur after a sting or eating these foor		Emergency Contact #1 City:*			
	Select an Option	•				
nt/Guardian#1 Employer:*	Reaction: No symptoms- if a food allergen has been ingested	but no symptoms give:	Emergency Contact #1 State: *			