REGISTERING FOR BEFORE AND AFTER SCHOOL CARE

the

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 | O 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 |
|-------------------------|-----------------|-----------------------------------|---|--------------|-------------------------|-------------------------|---------------|
| Bodk Register | Quest | ions | - @ Contracts | | Summar | Next | -0) |
| carel O | PROGRAM CO | DURSE | COURSE SESSION | START DATE | SESSION PRICE | OPTION PRICES | |
| 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.

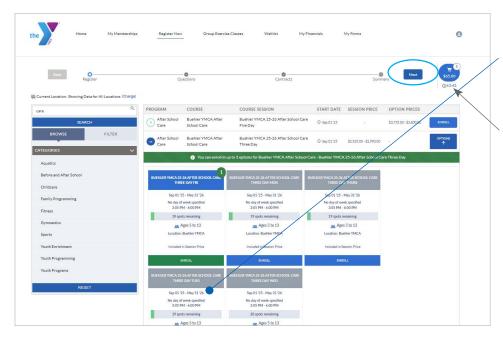
STEP 2:

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:

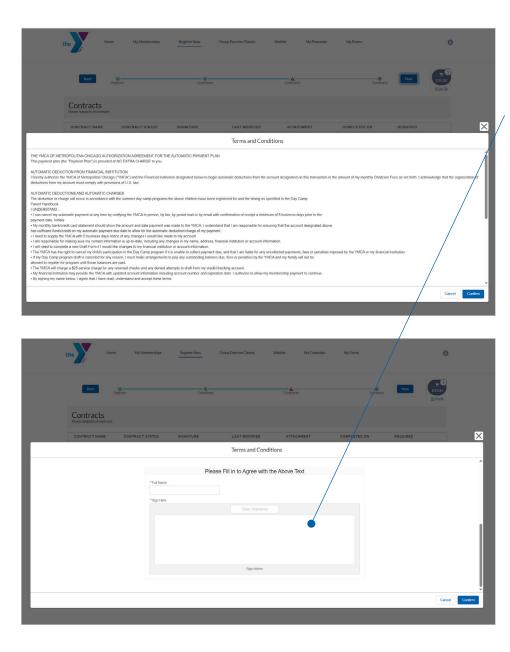
Select the specific option to enroll – a pop-up box will display, select the contact(s) eligible to register and then click "Save."



STEP 4:

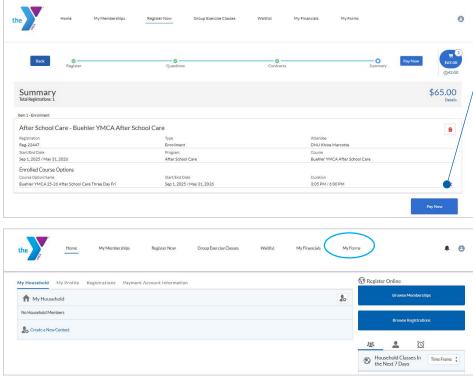
Continue enrolling in all desired programs. Once finished, you will see the program(s) added to the cart and the "NEXT" button in the top menu bar next to the cart icon.

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.

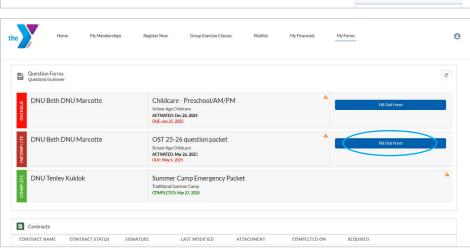
STEP 7:

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: * | | | |