



MCGAW YMCA
**EARLY CHILDHOOD & AFTERSCHOOL PROGRAMS
 REGISTRATION APPLICATION**

2026-27

CHILD'S INFORMATION (please complete one application per child)

Preferred Start Date:

Name _____ Date of Birth _____ Gender Identity _____ Pronouns _____

Street Address _____ Current Grade _____ School _____ Student ID# _____

City _____ State _____ Zip Code _____ Child Lives with: Parent/Guardian #1 Parent/Guardian #2

CHILD'S SIBLINGS

My child has a sibling enrolled in a Children's Center program. If so: Sibling Name(s): _____ Program Name(s) _____

CHILD'S MEMBERSHIP

To receive member pricing, your child must be a McGaw YMCA member at the time of registration through the end of the program.

Child's current membership status:

- McGaw YMCA Member
- Non-Member

Not yet a member?

Choose one of our convenient automatic monthly memberships!

- Youth \$33/month*
- Family 1 adult + children \$110/month*
- Family 2 adults + children \$140/month*

*Rates subject to change. A one-time join fee may apply. Learn more: www.mcgawymca.org/join

REGISTRATION INFORMATION

<p>Early Childhood (Year-Round, Full Day, M-F):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infant Care <input type="checkbox"/> Toddler <input type="checkbox"/> Twos <input type="checkbox"/> Preschool (3's) <input type="checkbox"/> PreK (4's-5's) 	<p>School's Out Afterschool (Grades K-5; M-F, follows D65 calendar)</p> <p><input type="checkbox"/> Part-Time: 2-3 days per week <input type="checkbox"/> Full-Time: 4-5 days per week</p> <hr/> <p>NON-ATTENDANCE DAY OPTIONS (additional fees apply):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; vertical-align: top;"> <p>Option 1 Non-Attendance Days</p> <ul style="list-style-type: none"> <input type="checkbox"/> Add-on (afterschool participants) <input type="checkbox"/> Standalone option </td> <td style="width: 25%; border: 1px solid black; vertical-align: top;"> <p><input type="checkbox"/> Option 2 Non-Attendance Days + School's Out Break Camps</p> </td> <td style="width: 25%; border: 1px solid black; vertical-align: top;"> <p><input type="checkbox"/> Option 3 Non-Attendance Days: Daily Rate</p> </td> <td style="width: 25%; border: 1px solid black; vertical-align: top;"> <p><input type="checkbox"/> Option 4* School's Out Winter & Spring Break Camps ONLY <i>*Must register by Oct. 30</i></p> </td> </tr> </table>	<p>Option 1 Non-Attendance Days</p> <ul style="list-style-type: none"> <input type="checkbox"/> Add-on (afterschool participants) <input type="checkbox"/> Standalone option 	<p><input type="checkbox"/> Option 2 Non-Attendance Days + School's Out Break Camps</p>	<p><input type="checkbox"/> Option 3 Non-Attendance Days: Daily Rate</p>	<p><input type="checkbox"/> Option 4* School's Out Winter & Spring Break Camps ONLY <i>*Must register by Oct. 30</i></p>
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PARENT/GUARDIAN #1 INFORMATION

Parent/Guardian Name _____ Date of Birth _____ Cell Phone _____ Work Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____

Are you a McGaw Y employee? If so:

Full-time Staff Part-time Staff Supervisor: _____

Are you a Northwestern affiliate? If so:

Faculty Full-time Student NU ID# _____

Full-time Staff Part-time Student Dept. _____

Part-time Staff

PARENT/GUARDIAN #2 INFORMATION

Parent/Guardian Name _____ Date of Birth _____ Cell Phone _____ Work Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____

Are you a McGaw Y employee? If so:

Full-time Staff Part-time Staff Supervisor: _____

Are you a Northwestern affiliate? If so:

Faculty Full-time Student NU ID# _____

Full-time Staff Part-time Student Dept. _____

Part-time Staff



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FINANCIAL ASSISTANCE

- I am applying for YMCA Financial Assistance.** Financial assistance is available for families with documented financial need. To apply, submit a McGaw Y Children’s Center Financial Assistance application along with a copy of your most recent federal 1040 tax form, a printed fall registration form, and application fee. PDF versions of these forms can be found on the website. Paper copies are available at the Children’s Center front desk. Your child must be a McGaw Y member to be eligible for YMCA financial assistance. This membership requirement is not applicable to the Child Care Assistance Program (CCAP) or Department of Children and Family Services (DCFS) assistance. The financial assistance application is processed at the same time as registration. If we do not receive a copy of your 1040 form at the time of registration, any awarded financial assistance will only be applied to future payments starting from the date you submit the 1040 form. You will receive notification by email about the status of your financial assistance award within two (2) weeks of submitting the application. Returning children must fill out a new McGaw YMCA Financial Assistance Application each year and provide a copy of their most recent 1040 form or proof of income. If the awarded assistance is not sufficient to enable your child to attend, we will refund your deposit. You must notify us by the due dates specified in your financial assistance letter to be eligible for a deposit refund.
- I am applying for a Northwestern University subsidy.** Our team will contact you for next steps.
- I am approved for CCAP or DCFS Assistance.** Please include your approval letter.

PAYMENT POLICIES

REGISTRATION APPLICATION FEE: Early Childhood program registration requires a \$50 application fee per child for returning consecutive program participants, and \$100 per child for new participants. School’s Out program registration requires a \$25 application fee per child. Application fees are non-refundable and non-transferrable and are not applied towards tuition. This application fee is due immediately upon registration to hold a child’s spot on a waitlist. If you are approved for CCAP or DCFS assistance and your approval letter is verified by our team, the application fee is waived.

PAYMENTS & FEES: Full payment for each month must be received by the first of every month. Registration is by the month; the monthly rate will not be prorated.

2nd SIBLING DISCOUNT: Families with two children concurrently enrolled in any full-time program at the McGaw Y Children’s Center receive a 10% sibling discount on the lower tuition. This discount does **not** apply to Non-Attendance Day options and is not available to McGaw YMCA employees or families receiving CCAP, YMCA, or Northwestern subsidies.

PAYMENT INFORMATION

Registration Application Fee: Early Childhood Programs	<input type="checkbox"/> \$50 (returning)*	<input type="checkbox"/> \$100 (new)*
Registration Application Fee: School’s Out Afterschool Program	<input type="checkbox"/> \$25*	
<small>*Application fees are waived for those applying/approved for CCAP or DCFS assistance. See above for details.</small>		
MEMBERSHIP FEES (if purchasing/renewing):		
The McGaw YMCA is a 501(C)(3) charitable organization. Please consider making a tax-deductible contribution to help sponsor a child’s registration fees for families experiencing financial need.		
<input type="checkbox"/> Yes. I would like to contribute this amount to sponsor a child:		
TOTAL DUE TODAY: \$		

PAYMENT TYPE:

<input type="checkbox"/> Check (payable to: McGaw YMCA)	<input type="checkbox"/> Cash	Do you authorize McGaw YMCA to charge this card monthly for program fees? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	

Name on Card:	Card #
Expiration Date	CVV: Billing Zip:



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HEALTH & WELL-BEING INFORMATION

Please share relevant health and well-being information for your child. We require documentation to verify any information listed below; please include copies with your application. **While we are fully committed to supporting every family, we might not be unable to accommodate every need based on available resources.** Contact the Children’s Center at 847-475-8580 to discuss possible options *prior* to submitting this application.

Please check if your child has any of the following:

- Individualized Family Support Plan (IFSP)
- Individualized Education Plan (IEP)
- 504 Medical Plan
- Working with private therapy provider
- Other: _____

Does your child have any chronic medical conditions or require medication?
 If so, please list:

Does your child have any food allergies or need food substitutions (i.e., vegetarian)?
 If so, please list:

CHILD’S SWIM LEVEL

Please select the swim level that best describes your child’s current ability.

- Little to no swim experience
- Can swim 5 yards on front and back
- Can swim 10 yards on front and back
- Can swim 25 yards on front and back

DEMOGRAPHIC INFORMATION

The next set of questions will help us accurately report diversity in our programs and improve the effectiveness of our YMCA to ensure we are serving a representative group of people. The information provided will be used in a confidential manner for reporting purposes only. If there are any questions you prefer not to answer, please leave those blank.

Total Number in Household _____ **Is your child eligible for free/reduced lunch?** Yes No

What is your household’s total annual income?

- 0 - \$14,999
- \$15,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 and higher

Which best describes your child’s race/ethnicity? Check all that apply.

- American Indian, Alaska native or First Nations
- Asian or Asian American
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- Multiracial
- White
- Prefer to describe: _____

What is the primary language or dialect used most in your home? Check all that apply.

- American Sign Language (ASL)
- Arabic
- Cantonese
- Creole (Haitian)
- English
- Filipino/Tagalog
- French
- German
- Hindi
- Italian
- Japanese
- Khmer/Cambodian
- Korean
- Mandarin
- Patois
- Polish
- Russian
- Spanish
- Urdu
- Vietnamese
- Prefer not to say
- A language or dialect not listed: _____

HOW DID YOU HEAR ABOUT US?

Please tell us how you heard about our childcare program. Check all that apply.

- Internet search
- Social media
- McGaw YMCA email
- McGaw YMCA flyer
- McGaw YMCA staff
- Camp website
- District 65 Digital Backpack
- Friend/family
- Prefer not to say
- Referred by: _____
- Other source: _____



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PARENT/GUARDIAN ACKNOWLEDGEMENT & CONSENT

Please read this information carefully. If you have any questions or need assistance, please reach out to the Registration Team at childrenscenterinfo@mcgawymca.org or 847-475-8580.

Health Requirements. To help keep everyone in our program areas safe, including pregnant mothers and medically vulnerable infants, all children at the McGaw YMCA Children's Center must be vaccinated as per Illinois law and DCFS regulations. In addition, the Children's Center is a DCFS licensed childcare center and is required to have current medical information on all children who are enrolled in the Center including proof of physical examinations and immunizations. I understand that my child will not be allowed to attend until all required health forms are submitted/updated to the Center.

Required Paperwork. A completed and signed Enrollment packet is required for each child. The enrollment packet will be emailed to the registering parent/guardian and **must be turned into our Registration Team at least three (3) business days before your child's start day in order for your child to attend programming.** The enrollment packet includes required state licensing forms. Without required paperwork, your child may be excluded from programming.

Billing. Families who are not signed up for automatic draft will be sent an invoice one week prior to each full payment due date. All invoices will be **emailed** to the Registering Parent/Guardian's address provided at the time of registration. We are unable to send invoices to multiple email addresses.

Children with Disabilities. The McGaw YMCA is fully committed to the participation of all individuals in our programs. We will make every effort to accommodate your child's needs within our available resources. Please contact the Children's Center at 847-475-8580 ext. 313 prior to submitting this registration application to discuss potential options. If my child has a current 504/Individualized Education Plan (IEP), I will include it with my enrollment packet or submit it directly to Alex Richardson at alexandrar@mcgawymca.org.

Cancellation. The Registering Parent must provide written notice 30 days in advance using the Termination of Services form if they wish to withdraw a child from any program. During these 30 days, the Registering Parent will be responsible for tuition. Additionally, withdrawals from Full Day Early Childhood Programs will be charged a \$500 termination fee. Withdrawals from School Age Programs will be charged a \$100 termination fee.

Additional acknowledgements:

- **I understand that if there is more than one parent/guardian listed on this form, the parent/guardian signing below will be designated as the "Registering Parent/Guardian" responsible for managing the child's enrollment information and submitting all payments.**
- I understand that monthly tuition is due on the first of every month. Payments can be drafted from a checking account or credit card.
- I understand that if offered a space for my child I may be asked to pay a deposit to secure that space. The deposit is NOT refundable if I later decide to not enroll my child. Deposits are applied towards tuition.
- I understand that individuals awarded financial assistance are expected to maintain a minimum of 85% attendance throughout each week of programming to remain eligible for continued support.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including the Parent/Guardian handbook. If I fail to meet my obligation to the program policies, the McGaw YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA staff are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that deposits and program fees are non-refundable and non-transferable. I understand that program fees will not be prorated for days missed due to weather, holidays, choice of guardian, disruptive behavior, quarantine/isolation guidance, or illness may not be made up, credited, or refunded.
- I understand that failure to pay all program fees, including late fees, may result in termination of services.
- I understand the YMCA is not responsible for lost, damaged, or stolen articles.
- I give permission to photocopy all forms.

By signing this form, I acknowledge I have read and understand the information and instructions on this form, including the additional information available online at www.mcgawymca.org/cc/support. I understand I am the Registering Parent/Guardian responsible for managing enrollment information and submitting all payments.

Registering Parent/Guardian Name (please print)

Registering Parent/Guardian Signature

Date

FOR STAFF USE ONLY:

Date:

Deposit/Amount Paid:

Wait List:



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Discount:

Scholarship:

Staff Initials:

Member/Program Participant Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of themselves and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that they have, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

In accordance with the McGaw YMCA’s compliance with child safety best practices, everyone who enters the McGaw YMCA premises (age 18 and older) will be checked against the National Sex Offender Database using their name and date of birth, as it is provided on their state issued ID. Convicted sex offenders will not be permitted to enter McGaw facilities, hold memberships, participate in programs, or live in the residence.

IN FURTHER, CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON BEHALF OF THEMSELF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned or such children and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILTIIY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

By signing this form, I acknowledge I have read and understand this document and release.

Registering Parent/Guardian Name (please print)	Registering Parent/Guardian Signature	Date
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FOR STAFF USE ONLY:		
Date:	Deposit/Amount Paid:	Wait List:



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