



Mahomet Area Youth Club

Membership Enrollment Form Spring and Summer

The MAYC membership is \$20.00/year based on your enrollment date.
Daily fees still apply

Child's Information

Child's Full Name: _____ Nickname: _____

Gender: _____ Birth Date: ____ / ____ / ____ School: _____ Grade: _____ Race: _____

Has he/she ever been enrolled in an after school program before? Yes No Shirt

Size: _____ Child's interests: _____

Favorite Foods: _____ Least Favorite Foods: _____

Child feels uncomfortable when: _____

Family Contact Information

Parents/Guardians: _____

Home Address: _____
Street Address City State Zip

Email Home Phone Cell Phone Work

Authorized Individuals

Please list the name, address, phone number, and relationship for each person authorized to pick up your child. No child will be released to any individual not listed below or to any family or non-family member under the age of 18. **Any additions, deletions, modifications or request to list any family member authorized to pick up a MAYC member must be submitted in writing by the parents and/or legal guardians. If your child is over the age of 14, they can sign themselves out, but you must list their name in this section, and sign the authorization at the bottom of the form.**

1. _____
Name Address Phone Number Relationship
2. _____
Name Address Phone Number Relationship
3. _____
Name Address Phone Number Relationship

Youth and Family Information

MAYC collects and submits data to our funding and grant sources. Only the data is reported and no individual or family information is released. Please complete the following information when submitting this form.

Single Parent Home Two Parent Home Foster Parent Relative Caregiver Non-relative Caregiver

Household Size: _____ Complete Family Size: _____ Number of Siblings _____ Number of Adults _____

Financial Assistance – check all that apply for every member of your household:

I/We do not receive Financial Assistance TANF (Temporary Assistance for Needy Families) SSI or SSDI
 Medical Card or KidCare WIC DCFS Food Stamps Free/Reduced Lunch

Annual Combined Household Income - Parents/Guardians: If you are seeking a reduced rate to qualify for reduced fees or a MAYC Scholarship, you will be required to report any changes in household size, financial assistance received or income levels.

Are you employed? Yes No Are there unemployed adults in the home? Yes No How Many: _____
 \$ 0-21,112 \$21,113-30,044 \$ 30,045-37,777 \$ 37,778-45,510 \$45,511-53,243
 \$ 53,244-60,976 \$60,977-68,709 \$ 68,710-76,442 \$ 76,443-84,175 \$84,176-91,908
 \$ 91,908 and above. Daily fees are \$15/ day. I would like to apply for a scholarship: Yes No

Medical and Emergency Contact Information

In the event of a medical emergency, MAYC staff will contact 911 and the parents immediately. If the parent/guardian cannot be reached, staff will contact the individual listed as the Emergency Contact Person.

Please list any health issues, allergies* and/or problems:

Child's Doctor and Phone Number _____

Child's Medical Insurance Company: _____ Hospital Choice: _____

Policy Number/Medicaid Number: _____

Emergency Contact Person Information

If there are any changes to the information provided below, please provide that information to MAYC.

Name	Address	Relationship
_____	_____	_____
Home Phone _____	Cell Phone _____	Work Phone _____

If your child has a medical condition, needs medicine dispensed, and/or has allergies* that need reported, please complete the separate Notification of Medical Condition Form. It can be found online at Mahometyouth.org, or you can stop by the office at 700 W. Main Street.

***Please note that we are not a peanut free facility.**

We would love to hear how you found out about MAYC. Please let us know how you heard about the club:

Authorization – Please read and check each box

(If you require an exemption from any policy, please e-mail info@mahometyouth.org with concerns.)

- I give my consent for MAYC to release photographs in which my child appears to the media agencies and to display or use photographs in promotional materials related to MAYC including social media accounts without any future monetary consideration or compensation.
- I will provide the best environment for my child and help strengthen my child's positive involvement and success in school and non-school activities, I grant permission for MAYC to obtain copies of my child's school report card and share that information between any organization deemed appropriate by MAYC administration. Those agencies may include but not be limited to school districts, police departments, scouting organizations, health services, etc.
- I give permission for my child to be transported in a MAYC or a Mahomet Schools owned and/or operated vehicle for all MAYC activities.
- I understand that no MAYC staff member may transport my child at any time in a privately owned vehicle.
- I understand that MAYC cannot provide transportation for my child outside of MAYC authorized activities.
- I understand that members aged fourteen (14) years or older may leave the club if the parent approves in writing that the member can sign themselves out. That youth will not be permitted to come back to MAYC during same day without prior approval from a MAYC Administrative Staff Person.
- I understand and agree that the Mahomet Area Youth Club will not be held liable for my child if he/she leaves MAYC facilities or an off-site activity of his/her own free will.
- I agree that MAYC will not be held liable if my child suffers an accidental injury while on MAYC property or while engaged in a MAYC sponsored activity off-site.
- For youth entering 5th grade or under, I understand that cell phones and electronic devices will need to be given to a staff member and stored in a locked office until the designated tech time. For youth entering middle school, cell phones or other tech devices can be kept in pockets, but if they are out during non-designated times, the devices will be confiscated and stored in a locked office to be returned at the end of the day.
- I understand that if my child requires medication during programming hours, a "Notification of Medical Condition" form must be completed and information regarding dose and time of administration must be provided to MAYC staff. I understand that no over the counter medications will be given such as Tylenol, cough liquid, etc. without written consent and specific instructions from me.
- I have received and reviewed the Mahomet Area Youth Club Parent and Member Handbook with a MAYC staff member.
- I understand that the Mahomet Area Youth Club is not responsible for any lost, stolen, broken or misplaced property.
- I understand that if membership in the Mahomet Area Youth Club is terminated by either MAYC and/or myself, membership fees are not refundable.
- I understand that as the parent or guardian filling out the enrollment forms that I am responsible for registration fees and/or daily dues. The Mahomet Area Youth Club is not responsible for creating, splitting, or mailing separate invoices. One invoice will be sent per youth to the parent or guardian completing the form.

I/we have read and agree to the policies, rules, regulations and conditions of this agreement and any document referenced in the agreement.

Parent/Guardian Signature

Date

Member Signature

Date

MAYC Staff Member Signature

Date