TRI-TOWN YMCA
Y'S KIDS EMERGENCY CHILD CARE
PROGRAM REGISTRATION FORM

Directions: Please legibly print and complete all components of the registration and return with full payment to:
ATTN: Tri-Town YMCA Program Registration, 105 W. Maple Street, Lombard, IL 60148
Please make checks payable to Tri-Town YMCA. Incomplete forms may delay processing. Need help, call 630.629.9622.

PRIMARY HOUSEHOLD CONTACT *(please print)*		
First Name:	**Last Name:**	
Street Address:	**City, State, Zip Code:**	
Primary Phone Number:	**Secondary Phone Number:**	
Email Address:	**Date of Birth:**	**Gender:** ☐ Male ☐ Female ☐ X

PARTICIPANT'S INFORMATION			
First Name:		**Last Name:**	**Middle Name:**
Birthdate:	**Gender:** ☐ Male ☐ Female ☐ X	**Grade in School:** ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th	**What School Does Your Child Attend:**

EMERGENCY CONTACTS & ADULTS AUTHORIZED TO PICK-UP MY CHILD/WARD

First & Last Name	Relationship	Primary Phone	Secondary Phone	Authorized to Pick-up
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

MEDICAL PROVIDER INFORMATION

Pediatrician/Doctor's Name	Doctor's Phone	Insurance Provider Name	Insurance Group #	Insurance Phone

MEDICATION DISTRIBUTION (Complete only if medication needs to be distributed to participant during programming)

Medication Name	Dosage Amount	When to Administer

PROGRAM REGISTRATION OPTIONS		
Program Title	**Days of Week Attending**	**Amount Due**
Temporary Emergency Site Locations for School Days Out □ Ardmore School □ Calvary Church □ North School □ Jackson School □ Jefferson School □ Parkview Church □ Schafer School □ St. Alexander □ St. Matthew School □ Stevenson School □ Westmore School □ York Center School	**Please Select Days of Week Care is Needed** □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ My Schedule is Flexible and I Will Not Know What Days Are Needed **Indicate Your Start Date:**___________________________	Daily Child Care Fees will be charged directly to the Illinois Department of Human Services as part of the COVID-19 Prioritized Essential Workers Child Care program.
If your child is attending care for less than five days per week, there will be a $10 per day registration fee that you will be responsible for covering. The daily registration fee will be billed to your credit card on-file on the Friday before care is provided.		□ 4 Day Reg Fee $10 □ 3 Day Reg Fee $20 □ 2 Day Reg Fee $30

□ **Yes,** I understand Tri-Town YMCA's daily child care fee is $40.56 per child and that the Y will be billing the Illinois Department of Human Services for my child(ren)'s daily child care fees under the COVID-19 Prioritized Essential Workers Child Care program. In the event that the Illinois Department of Human Services changes their reimbursement rates, Tri-Town YMCA will notify me so that I can make appropriate decisions for my family that could include the option of paying the daily rate out of pocket.

ADA Compliance Tri-Town YMCA intends to comply with the intent and spirit of the Americans with Disabilities Act. Registrants requiring special accommodations such as a sign language interpreter or an inclusion aide should notify Tri-Town YMCA staff at least ten (10) days in advance of start date so that an appropriate plan can be developed between the registrant and Tri-Town YMCA.

Does the participant have a special need? □ Yes □ No

In case of MEDICAL EMERGENCY, I authorize Tri-Town Young Men's Christian Association, its directors, officers, employees, agents, volunteers, and designees (collectively "Tri-Town YMCA") to take such emergency action as may be deemed necessary.

Please read this form carefully and be aware that enrolling and participating in any program/course/activity/event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/course/activity/event.

I recognize and acknowledge that there are certain risks of physical injury or illness associated with participating in this program/course/activity/event, and I voluntarily agree to assume the full risk of any injuries, illness damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all program/course/activity/event shall be at my or my minor child's/ward's sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may occur to me and/or my minor/ward as a result of participation in this program/course/activity. I do hereby fully release and forever discharge the Tri-Town YMCA and the Young Men's Christian Association of the USA from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in release of all claims.

I, hereby grant Tri-Town YMCA non-revocable permission to capture my/my minor child/ward image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that Tri-Town YMCA will own such Images and further grant Tri-Town YMCA permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images in any manner whatsoever related to Tri-Town YMCA business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays, and transmissions thereof. I further waive any right to inspect or approve the use of the Image by Tri-Town YMCA prior to its use. I forever release and hold Tri-Town YMCA harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

I have read and understand the Tri-Town YMCA's General Registration and Refund Policies.

____ ______________________

Participant or Parent/Guardian Signature **Date**

Y's Kids Registration Checklist

___ I have enclosed my child's completed registration form with emergency contacts.
___ I will upload into my online account or send a copy of my child's birth certificate prior to the first day of care.
___ I will upload into my online account or send a copy of my child's medical records prior to the first day of care.
___ I have completed the enclosed credit card authorization form.

TRI-TOWN YMCA
CREDIT CARD AUTHORIZATION FORM

Directions: Please legibly print and complete all components on this form as required and return to:

ATTN: Tri-Town YMCA Program Registration, 105 W. Maple Street, Lombard, IL 60148

Should you need assistance or have questions, please call 630.629.9622.

□ I WISH TO AUTHORIZE TRI-TOWN YMCA TO CHARGE MY CARD FOR A REOCCURING PAYMENT PLAN

I, ____authorize Tri-Town YMCA to charge the full amount due for the weekly session(s) I have enrolled my child(ren)/ward(s) for participation to my □ **American Express** □ **Discover** □ **MasterCard** □ **Visa**. I understand that my credit card will be charged on the Friday prior to the start of the session and that if the charge does not go through that I will be assessed additional fees as described in Tri-Town YMCA's general registration information. I understand that if I wish to change the card on-file that I must complete this form and resubmit it to Tri-Town YMCA.

Name on Card		**Card Number**
Expiration Date	**Security Code**	**Date Authorized to Charge Through**
Authorized Signature		**Date**

OFFICE USE ONLY

DATE & AMOUNT CHARGED	DATE & AMOUNT CHARGED	DATE & AMOUNT CHARGED	DATE & AMOUNT CHARGED
________	________	________	________
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________	________	________	________
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Date Received:	**Date Entered into Database:**	**Entered by:**	**Payment Status:**	**Payment Type:**
			□ Paid in Full □ Paid in Full CCAP/Scholarship – Finance Notified □ Payment Plan – Finance Notified □Payment Plan & CCAP/Scholarship – Finance Notified	□ Cash □ Check, Check No:___ □ Amex □ Discover □ MasterCard □ Visa

State of Illinois, Department of Human Services – Bureau of Subsidy Management

COVID-19 PRIORITIZED ESSENTIAL WORKERS CHILD CARE APPLICATION

During the declared COVID-19 Public Health Emergency, the children of Prioritized Essential Workers are eligible to receive child care through the Illinois Department of Human Services (IDHS) Child Care Assistance Program (CCAP). Prioritized Essential Workers include those working in Health Care, Human Services, essential Government services (e.g. Corrections, law enforcement, fire department), and essential Infrastructure. If you have any questions about your eligibility, please contact your Child Care Resource and Referral Agency (CCR&R). To find your local CCR&R, please visit: https://www.inccrra.org/about/sdasearch. Instructions on completing this form can be found beginning on page 4.

PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK. If a question does not apply, please write "n/a" in the box – **do not leave any field blank**.

SECTION 1 – APPLICANT INFORMATION

The applicant must meet the definition of a Prioritized Essential Worker in order to be determined eligible.

First Name		Last Name		Date of Birth (mm/dd/yyyy)
Home Address	Apt #	City	State	Zip Code
Mailing Address ☐ Same as above	Apt #	City	State	Zip Code
County of Residence	Gender ☐ Male ☐ Female	Primary language spoken in the home: ☐ English ☐ Other (list): _____ ☐ Spanish		
Telephone Number Type ☐ Home ☐ Cell ☐ Other		Email Address		

SECTION 2 – OTHER PARENT/GUARDIAN INFORMATION

This section must be completed if the other parent/guardian is living in the same home as the applicant and child(ren).

First Name		Last Name	Date of Birth (mm/dd/yyyy)
Gender ☐ Male ☐ Female	Telephone Number	Type ☐ Home ☐ Cell ☐ Other	Email Address

SECTION 3 – WORK INFORMATION

To qualify, each parent/guardian in the home must be an essential worker unable to work remotely. The applicant must meet the definition of a Prioritized Essential Worker. Please submit documentation as proof of each parent/guardian's employment status along with this application. Acceptable documentation includes a pay stub within the past 30 days or a letter from your employer. If submitting a letter from your employer, please have them list 1) the company name; 2) your job title; 3) standard working hours; and, 4) your salary and frequency of pay (e.g. weekly, biweekly).

Applicant Work Information

Employer/Company Name	Industry Type ☐ Health Care ☐ Human Services ☐ Government ☐ Infrastructure	Job Title	
Address	City	State	Zip Code
Work Telephone Number:			

Other Parent/Guardian Work Information

Employer/Company Name	Job Title	Work Telephone Number	
Address	City	State	Zip Code
Does this individual have the option to work from home? ☐ Yes ☐ No	If yes, please explain why child care is needed.		

COVID-19 PRIORITIZED ESSENTIAL WORKERS CHILD CARE APPLICATION

SECTION 4 – REQUESTED CHILD CARE SCHEDULE

Identify below the days and hours that child care is needed. Only the times that both parents are working (including travel time to and from work) should be listed in this section.

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
TO	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

SECTION 5 – CHILD INFORMATION

Please complete the section below for each child in need of child care from an Emergency Child Care provider.

Child 1

Child First Name	Last Name	Date of Birth	Gender ☐ Male ☐ Female	US Citizen? ☐ Yes ☐ No

Ethnic Origin (check all that apply)
☐ White ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Other
☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander

Child 2

Child First Name	Last Name	Date of Birth	Gender ☐ Male ☐ Female	US Citizen? ☐ Yes ☐ No

Ethnic Origin (check all that apply)
☐ White ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Other
☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander

Child 3

Child First Name	Last Name	Date of Birth	Gender ☐ Male ☐ Female	US Citizen? ☐ Yes ☐ No

Ethnic Origin (check all that apply)
☐ White ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Other
☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander

Child 4

Child First Name	Last Name	Date of Birth	Gender ☐ Male ☐ Female	US Citizen? ☐ Yes ☐ No

Ethnic Origin (check all that apply)
☐ White ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Other
☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander

Child 5

Child First Name	Last Name	Date of Birth	Gender ☐ Male ☐ Female	US Citizen? ☐ Yes ☐ No

Ethnic Origin (check all that apply)
☐ White ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Other
☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander

SECTION 6 – CHILD CARE PROVIDER INFORMATION

15-digit CCMS Provider ID	Provider Type ☐ Licensed center ☐ License exempt center ☐ Licensed home ☐ License exempt home	
First Name	Last Name	Date of Birth
Corporate Name	Doing Business As (DBA)	DCFS Emerg. Child Care Lic. #

COVID-19 PRIORITIZED ESSENTIAL WORKERS CHILD CARE APPLICATION

Service Address	Apt #	City	State	Zip Code
Telephone Number	Email Address		Date Care will Begin	
Provider's relationship to child(ren):				

SECTION 7 – APPLICATION AUTHORIZATION

I have provided all required information. After reading each of the following statements, I certify that:

- I am responsible for the selection of the child care provider(s) for my child(ren).
- I understand that I must be working as a Prioritized Essential Worker, defined as working in Health Care, Human Services, essential Government services (e.g. Corrections, law enforcement, fire department), or essential Infrastructure (e.g. e.g. utility maintenance, construction, airport operations) to be determined eligible to receive child care benefits at this time.
- I understand that if there is another parent or guardian in the home, they must be identified as an essential worker by their company and required to work outside of the time in order to be determined eligible to receive child care benefits at this time.
- The information provided will be disclosed only for administrative purposes and that I may be required to verify the information that I have provided.
- I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge. I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution for fraud.

My signature is my consent and authorization for information to be released by or to the Illinois Department of Human Services or its agents that may establish my eligibility, or my continued eligibility for the Child Care Assistance Program.

Parent/Guardian's Signature: ____ Date: ________________

Please submit your completed application to your local CCR&R, along with any necessary supporting documentation. Please keep a copy of your submitted application for your records. To find your local CCR&R, please visit: https://www.inccrra.org/about/sdasearch.

COVID-19 PRIORITIZED ESSENTIAL WORKERS CHILD CARE APPLICATION

APPLICATION INSTRUCTIONS

IDHS is offering child care assistance as a support to the priority essential workers that do not have the option to work remotely. This service should be treated as an option of last resort. If at all possible, it is best for your children to remain at home and practice social distancing during the COVID pandemic.

Prioritized Essential Workers include those working in Healthcare and Public Health Operations, Human Services Operations, Essential Governmental Functions (including Corrections, law enforcement, fire department), and Essential Infrastructure. See below for a detailed explanation of these jobs. If you have any questions about your work status, email GOV.OECD@illinois.gov or go to https://www2.illinois.gov/Pages/news-item.aspx?ReleaseID=21288

Emergency child care services are provided in accordance with the most recent IDPH and CDC guidance.

SECTION 1 – PARENT/GUARDIAN INFORMATION

Note: In a 2-parent family, both parents must be employed and working outside of the home. The parent listed as the first parent on the application must be as Prioritized Essential Worker working outside of the home during the time care is requested to be approved for CCAP. Both parents must supply documentation that verifies their worker status (pay stub, letter from employer…)

- Enter the parent's first name, last name and date of birth.
- Enter the address where the family is living.
- Enter the mailing address where forms and notices can be mailed to the family.
  - If it the same as the Home Address, mark the "SAME AS ABOVE" box.
- Enter the county that the Home Address is in.
- Mark "Male" or "Female" for the gender of the parent.
- Mark the primary language spoken by the parent.
  - Some forms and notices can be printed in Spanish.
- Enter the best phone number to reach the parent and indicate the type of phones (home, cell or other).
- Provide the best email address where information may be sent to the parent.

SECTION 2 – OTHER PARENT/GUARDIAN INFORMATION

If there is not a second parent or guardian living in the home with the applicant and child(ren), please write "N/A" in this section.

- Enter the other parent's first name, last name and date of birth.
- Mark "Male" or "Female" for the gender of the other parent.

- Enter the best phone number to reach the other parent and indicate the type of phones (home, cell or other).
- Provide the best email address where information may be sent to the other parent.

SECTION 3 – WORK INFORMATION

NOTE: Each parent listed on the application must submit proof that they are working as a Prioritized Essential (first parent) Worker or an Essential Worker (2nd parent) outside of the home. This can include pay stubs and/or a note from the employer.

Applicant Work Information:

- Enter the name of the parent's current employer.
- Mark the industry type of the parent's employment.
  - For example, if they are working as a custodian at a hospital, the Industry Type would be Health Care. If the parent is employed as a police officer, fire fighter or paramedic, the Industry Type would be "Government Services".
  - A more detailed explanation of jobs in these industry types can be found below and at this web site https://www2.illinois.gov/Pages/news-item.aspx?ReleaseID=21288
- Enter the parent's job title (police officer, correction officer, nurse…).
- Enter the address of the parent's employer.
  - Prioritized Essential or Essential Workers (2nd parent) Workers who are working remotely from home will not qualify for CCAP at this time.
- Enter a phone number that we can reach the parent's employer at.
  - This is not the parent's direct work phone number. The employer's main phone number or the supervisor's phone number should be used.

Other Parent/Guardian Work Information:

- Enter the name of the 2nd parent's current employer.
- Enter the 2nd parent's job title (cashier, delivery truck driver, nurse).
- Enter a phone number that we can reach the 2nd parent's employer at.
  - This is not the 2nd parent's direct work phone number. The employer's main phone number or the supervisor's phone number should be used.
- Enter the address of the parent's employer.
- Please confirm whether the 2nd parent has the option to work from home by checking either "Yes" or "No." If "Yes" is checked, please explain why you are seeking child care at this time.
  - Prioritized Essential or Essential Workers (2nd parent) Workers who are working remotely from home will not qualify for CCAP at this time.

SECTION 4 – REQUESTED CHILD CARE SCHEDULE

- Please fill in the chart with the days and times for which you are requesting child care. Be sure to account for any travel time to and from work in your schedule request. Child care will be approved for days and hours when both parents, when applicable, are working.
  - This will determine the number of full time days (5 hour or more) and Part Time days (fewer than 5 hour) are approved each week.
- Enter the start time that child care is needed in the "From" row. Check AM or PM as appropriate.
- Enter the end time that child care is needed in the to "To" row. Check AM or PM as appropriate.
- If you do not need child care on a particular day of the week, leave that day blank.

SECTION 5 – CHILD INFORMATION

- Enter all information for all children needing assistance through CCAP that are in care of the provider listed in Section 4.
  - **Children must be younger than 13, or younger than 18 with a special need, to be eligible for the Child Care Assistance Program.**
  - **Citizenship, immigration status and Ethnic Origin of the child's parent cannot be considered and will not impact the child's eligibility determination. Eligibility will not be denied based on a child's citizenship status**

Section 6 – CHILD CARE PROVIDER INFORMATION

Note: If you have never been approved for the Child Care Assistance Program as a child care provider, the local CCR&R will contact you for information and will send you forms that are required to be paid.

Individuals must have cleared Background check results on file with DCFS to be approved as a CCAP provider at this time.

Certification of SSNs or FEIN through a W-9 process is required for the State to issue payments.

- Enter the Provider's 15-digit CCMS Provider ID.
  - This number is assigned to providers when they are approved the first time for CCAP and would appear on all Approval Notices and monthly Child Care Certificates used for billing.
  - If you do not have a CCMS Provider ID Number, leave this box blank.
    - The CCR&R will contact you for needed information and documents.
- Mark the type of provider.
  - Home providers who were licensed by IDCFS but are under current suspension due to COVID-19 should mark "licensed home".
  - You will continue to receive the licensed home daily rate for CCAP children, plus any add-on rates that apply for the month of services billed.
  - All home providers are limited to 6 children in care at any one time, including the providers own children younger than 13 that live in the home, regardless of what the license capacity was.

- Enter the name of the child care provider if they are a licensed or license-exempt home.
- For child care centers, enter the corporate name of the center.
- If a home provider has been approved for CCAP under a Doing Business As name, please enter it in the DBA box.
- Center providers must enter their DCFS Emergency Child Care License number to be approved for CCAP at this time.
- Enter the address where care is being provided.
- Enter a telephone number and email address that the provider can be reached at.
- Enter the date the care began or will begin if in the future.

SECTION 7 – APPLICATION AUTHORIZATION

- Parents must read the Application Authorization and sign and date the form.

CATEGORIES OF PRIORITIZED ESSENTIAL WORKERS.

Essential Government Functions:
All services provided by state and local governments needed to ensure the continuing operation of the government agencies and provide for the health, safety and welfare of the public.

Healthcare and Public Health Operations: Working at hospitals; clinics; dental offices; pharmacies; public health entities; healthcare manufacturers and suppliers; blood banks; medical cannabis facilities; reproductive health care providers; eye care centers; home healthcare services providers; mental health and substance use providers; ancillary healthcare services — including veterinary care and excluding fitness and exercise gyms, spas, salons, barber shops, tattoo parlors, and similar facilities.

Human Services Operations: any provider funded by DHS, DCFS or Medicaid; long-term care facilities; home-based and residential settings for adults, seniors, children, and/or people with disabilities or mental illness; transitional facilities; field offices for food, cash assistance, medical coverage, child care, vocational services or rehabilitation services; developmental centers; adoption agencies; businesses that provide food, shelter, and social services and other necessities of life for needy individuals — excluding day care centers, day care homes, group day care homes and day care centers licensed as specified in Section 12(s) of the order.

Essential Infrastructure: Working in food production, distribution and sale; construction; building management and maintenance; airport operations; operation and maintenance of utilities, including water, sewer, and gas; electrical; distribution centers; oil and biofuel refining; roads, highways, railroads, and public transportation; ports; cybersecurity operations; flood control; solid waste and recycling collection and removal; and internet, video, and telecommunications systems.