



*AYS enriches the learning and well-being of children
in a safe, caring and fun environment outside of the school day.*

Registration Packet

Dear Parent,

Thank you for choosing AYS to provide a safe, quality before- and/or after-school environment for your child .

Included in this packet are instructions to help you in completing the registration forms. If you have any questions, please feel free to call our office at (317) 283-3817.

We look forward to a great school year with you and your child!

Sincerely,
AYS, Inc.

Included in this packet:

Registration Checklist

Follow this checklist to help you through the registration process.

General Information Brochure

This provides information that is specific to your township/school district. Information includes Hours, Site Locations, Days of Operation, and Rate Information.

Registration Form

Includes child and parent information such as address, parent information, pick-up authorization and special needs information.

This form must be included with registration.

Parent Orientation

A list of AYS policies and procedures that must be initialed by the parent to signify agreement.

This form must be included with registration.

Health Record

Includes information such as medical and immunization history.

This form must be included with registration.



AYS enriches the learning and well-being of children in a safe, caring and fun environment outside of the school day.

Registration Checklist

Follow this checklist to help you through the registration process.

	<p>General Information Brochure Select attendance options. Determine registration fee (rates increase on August 1st).</p>						
	<p>Registration Form Form must be complete to be processed. Remember to include the AYS program name for easier processing.</p>						
	<p>Parent Orientation Read and initial each statement.</p>						
	<p>Health Record Fill in completely along with shot records in space provided.</p>						
	<p>Credit/Debit Card Payment Authorization Forms If you wish to pay by Credit / Debit card, please fill out a credit authorization form. This form can be downloaded from our website on the registration page.</p>						
	<p>Special Needs Forms Complete any necessary special needs form per child. All special needs forms can be downloaded from our website on the registration page.</p>						
	<p>Include Payment Please include registration fee + first week's fee, <i>per child</i>. (Child is NOT registered until both registration and first week's fees are paid).</p>						
	<p>Mail Registration to AYS Mail all completed forms, registration fee and first week's deposit (per child) to:</p> <p>AYS, Inc. Attn: Fall Registration 4755 Kingsway Drive Suite 300 Indianapolis, IN 46205</p> <table border="1" data-bbox="799 1696 1464 1858"> <thead> <tr> <th colspan="2">AYS Registration Fee</th> </tr> </thead> <tbody> <tr> <td>Before July 31st</td> <td>\$40.00 per child</td> </tr> <tr> <td>On or after August 1st</td> <td>\$60.00 per child</td> </tr> </tbody> </table>	AYS Registration Fee		Before July 31st	\$40.00 per child	On or after August 1st	\$60.00 per child
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AYS, a non-profit, grassroots agency, operates **before- and after-school, kindergarten wrap-around, early childhood, and summer camps** in five central Indiana counties. In addition to a safe place for students in the out-of-school hours, AYS programs offer homework time, enrichment activities, and physical fitness.

AYS, Inc. is a member of:

Indiana YouthPRO Association

National Afterschool Association

Indiana Association for the Education of Young Children

National Association for the Education of Young Children

Diversity Roundtable of Central Indiana

Noblesville Chamber of Commerce

Community Councils

Children's Coalition of Indiana

Afterschool Coalition of Indianapolis

AYS, Inc. works in association with:

Noblesville Schools

Community Hospital

Children's Bureau

Child Care Answers

No child shall be denied admission on the basis of race, color, religion, sex, national origin, or ability.

Contact Information:

Hinkle Creek Kg.—776-0840 ext. 255,
380-0601 pager

Noble Crossing Kg. / EC—817-0812

North / Kg./ EC—773-0482 ext. 254,
380-0611 pager

Stony Creek Kg. / EC— 776-6280,
307-2079 pager

AYS Mission

AYS enriches the learning and well-being of children in a safe, caring and fun environment outside of the school day.

AYS, Inc.
4755 Kingsway Dr., Ste. 300
Indianapolis, IN 46205

(317) 283-3817

www.ayskids.org

© AYS, Inc.

**AYS-Noblesville
Early Childhood Programs**
General Information Brochure



AYS, Inc. -
Quality programs for children
in Central Indiana





AYS, Inc. and Noblesville Schools are working together to provide a program designed especially for early childhood and kindergarten children. This program provides developmentally appropriate, creative, recreational, and physical activities, as well as enrichment opportunities and parent participation.

Hours: 6:45—6:00 PM

Site Locations: Kindergarten programs are available at Hinkle Creek, Noble Crossing, North, and Stony Creek. Early Childhood programs are available at Noble Crossing, North and Stony Creek. See director or call AYS at 317-283-3817 for details.

Staff to Child Ratios: 1:8 for Early Childhood and 1:10 for kindergarten

Staff: All staff members are drug tested, have background checks, first aid certified, and meet training requirements each year. There is at least one CPR certified staff member present at each site.



Each child must be registered each year in order to attend the program. The child is **NOT** considered registered until the first week's fees and registration fee(s) are paid. Visit www.ayskids.org for registration forms.

Registration Fee:

\$40.00 per child before July 31

\$60.00 per child on August 1

(NON-REFUNDABLE)

Financial assistance may be available, and is based on the government funding guidelines. **ANY FAMILY CURRENTLY ON OR SEEKING FINANCIAL ASSISTANCE MUST REGISTER AT THE AYS MAIN OFFICE.** Call 317-283-3817 for more information.

Weekly Rates—for 2009 / 2010 school year

Over 4 hours	1 Child	\$141.0
	2 Children	\$268.00
Under 4 hours	1 Child	\$99.00
	2 Children	\$188.00

Monthly rates and other payment options are available. Ask your director for more details.

Visa and Mastercard are now accepted through the AYS main office for monthly and semester payment plans. Call AYS main office at 317-283-3817 for this service.

*Information is subject to change. Revised 05/09

MAKING A DIFFERENCE

AYS strives to deliver quality programs to the central Indiana community that align with Indiana Academic Standards and incorporate a variety of enrichment opportunities.

Opportunities: See your child exploring and learning both independently and with peers in small group settings. Daily and weekly themes are intertwined in the learning centers which include dramatic play, creative arts, block building, science, literacy, etc. Small motor development is incorporated into these centers. Outside play is designed for large muscle development. Parents are strongly encouraged to be involved with their child through classroom participation, field trips, or offsite volunteer time

Days of Operation: All weekdays excluding holidays Winter, Spring, and Summer breaks may operate at another Noblesville School.

Closed: Labor Day, Memorial Day, Thanksgiving Break, Christmas, New Year's, Martin Luther King Day, and President's Day.

Snacks and Drinks: AYS contracts with the school cafeteria to provide a nutritious lunch. Juice / milk and a nutritious snack will be served each morning and afternoon.

Share Your Story: Tell us how AYS has impacted your life and the life of your child at www.ayskids.org.



A registration fee per child is required with enrollment.

If guardian or emergency contact information varies among children, please use a separate form for each child. Otherwise, one form is sufficient with copies for each Program Site (if more than one).

Registration Form - School Year _____

First Child's Name Check here if your child has ever attended AYS AYS Program Site
First _____ Last _____ Birthdate ____ / ____ / ____

Ethnicity _____ Teacher _____ Grade in Fall _____ Gender M F Age _____

Who has legal custody of the child and what is the relationship _____ Custody Agreement Y N If so, please provide copy.

Are there any special needs to consider? If so, a special needs **INTAKE FORM** is required with registration.

ADD or ADHD _____ Autism _____ Hearing or Visually Impaired _____ IEP (Individual Education Plan) _____
Allergies _____ Diabetes _____ Learning Disabilities _____ Behavior Management Plan _____
Asthma _____ Epilepsy _____ Physical Disabilities _____ Other _____

ATTENDANCE PLANS (REQUIRED)

SCHOOL AGE AND ALL-DAY KINDERGARTEN		HALF-DAY KINDERGARTEN/EARLY CHILDHOOD	
FULL TIME (5 DAYS)	PART TIME (3 DAYS OR LESS)	HALF-DAY KINDERGARTEN	EARLY CHILDHOOD
AM&PM _____	AM&PM _____	SCHOOL AYS SCHEDULE	
AM Only _____	AM Only _____	SCHEDULE	Over 4 hours _____
PM Only _____	PM Only _____	AM _____	Under 4 hours _____
	Emergency _____	PM _____	
	Days Attending:	(Attend AYS before and after KG)	
	M T W TH F	(Attend AYS after AM KG or before PM KG)	

FIRST DATE OF ATTENDANCE (REQUIRED) _____

Second Child's Name Check here if your child has ever attended AYS AYS Program Site
First _____ Last _____ Birthdate ____ / ____ / ____

Ethnicity _____ Teacher _____ Grade in Fall _____ Gender M F Age _____

Who has legal custody of the child and what is the relationship _____ Custody Agreement Y N If so, please provide copy.

Are there any special needs to consider? If so, a special needs **INTAKE FORM** is required with registration.

ADD or ADHD _____ Autism _____ Hearing or Visually Impaired _____ IEP (Individual Education Plan) _____
Allergies _____ Diabetes _____ Learning Disabilities _____ Behavior Management Plan _____
Asthma _____ Epilepsy _____ Physical Disabilities _____ Other _____

ATTENDANCE PLANS (REQUIRED)

SCHOOL AGE AND ALL-DAY KINDERGARTEN		HALF-DAY KINDERGARTEN/EARLY CHILDHOOD	
FULL TIME (5 DAYS)	PART TIME (3 DAYS OR LESS)	HALF-DAY KINDERGARTEN	EARLY CHILDHOOD
AM&PM _____	AM&PM _____	SCHOOL AYS SCHEDULE	
AM Only _____	AM Only _____	SCHEDULE	Over 4 hours _____
PM Only _____	PM Only _____	AM _____	Under 4 hours _____
	Emergency _____	PM _____	
	Days Attending:	(Attend AYS before and after KG)	
	M T W TH F	(Attend AYS after AM KG or before PM KG)	

FIRST DATE OF ATTENDANCE (REQUIRED) _____

Third Child's Name Check here if your child has ever attended AYS AYS Program Site
First _____ Last _____ Birthdate ____ / ____ / ____

Ethnicity _____ Teacher _____ Grade in Fall _____ Gender M F Age _____

Who has legal custody of the child and what is the relationship _____ Custody Agreement Y N If so, please provide copy.

Are there any special needs to consider? If so, a special needs **INTAKE FORM** is required with registration.

ADD or ADHD _____ Autism _____ Hearing or Visually Impaired _____ IEP (Individual Education Plan) _____
Allergies _____ Diabetes _____ Learning Disabilities _____ Behavior Management Plan _____
Asthma _____ Epilepsy _____ Physical Disabilities _____ Other _____

ATTENDANCE PLANS (REQUIRED)

SCHOOL AGE AND ALL-DAY KINDERGARTEN		HALF-DAY KINDERGARTEN/EARLY CHILDHOOD	
FULL TIME (5 DAYS)	PART TIME (3 DAYS OR LESS)	HALF-DAY KINDERGARTEN	EARLY CHILDHOOD
AM&PM _____	AM&PM _____	SCHOOL AYS SCHEDULE	
AM Only _____	AM Only _____	SCHEDULE	Over 4 hours _____
PM Only _____	PM Only _____	AM _____	Under 4 hours _____
	Emergency _____	PM _____	
	Days Attending:	(Attend AYS before and after KG)	
	M T W TH F	(Attend AYS after AM KG or before PM KG)	

FIRST DATE OF ATTENDANCE (REQUIRED) _____

PLEASE COMPLETE PAGE 2 (REQUIRED)



CONTACT INFORMATION

PARENT/GUARDIAN #1

First _____ Last _____ Relationship to Child _____ Home Phone: () _____

Address: _____
Street City State Zip Pager/Cell: () _____

Business Name/Address: _____ Work Phone: () _____

Email: _____ (Needed to send AYS information and program updates. Not for third party use).

PARENT/GUARDIAN #2

First _____ Last _____ Relationship to Child _____ Home Phone: () _____

Address: _____
Street City State Zip Pager/Cell: () _____

Business Name/Address: _____ Work Phone: () _____

Email: _____ (Needed to send AYS information and program updates. Not for third party use).

EMERGENCY NUMBERS Give two local people who can be reached during program hours if a parent or guardian is not available **(required)**.

Name / Relationship to child: _____ Phone: () _____

Name / Relationship to child: _____ Phone: () _____

(Optional) Additional people authorized to pick up your child, in addition to the above names listed. **ANY CHANGES MUST BE IN WRITING** and an ID is required.

1) _____ Phone: () _____

2) _____ Phone: () _____

INSURANCE/MEDICAL INFORMATION

Insurance Company _____ Policy Number _____

Name of Family Physician _____ Physician Phone # () _____

Name of Dentist _____ Dentist Phone # () _____

MARKETING/PUBLIC RELATIONS

If new, how did you hear about AYS? Referral _____ Web _____ School _____ Other _____

I would like to help someone less fortunate attend AYS who might otherwise be unable to participate. Please indicate your tax-deductible gift and add it to your registration fee. \$10 \$25 \$50 \$100 Other

PAYMENT METHOD (Additional form required for credit card payments - see Program Director or call the AYS home office)**

Credit card payment** CCDF Voucher (prior approval needed) (Call AYS home office)
Remit payment at site (NO CASH) Other Funding (Call AYS home office)
10 session prepaid drop-in pass (Occasional use only)

Fees are paid the **Friday in advance** of service based on my plan (or first of month or semester if applicable) regardless of actual attendance. Benefits provided with the various attendance plans are explained in the parent handbook.

ENROLLMENT TERMS

_____ Initial For the school year, I agree to pay \$ _____ (circle one) weekly/monthly/semester/ten-session pass. (If you need assistance in calculating your fee, please contact your Program Director or the AYS Home Office).

_____ Initial I agree to adhere to AYS policies outlined in the Parent Handbook (available on-line).
 Hard copy of handbook needed.

_____ Initial I give permission to have information shared regarding my child's (ren's) needs between the school and AYS.

_____ Initial I give permission for my child (ren) to be included in any promotional/media resources related to AYS and/or the school.

_____ Initial If I cannot be contacted in the event of emergency, I give permission to AYS staff to secure emergency medical treatment for my child (ren).

_____ Initial After Sept.1, a \$15 fee will be charged for each attendance plan change at time of request. A two week notice is required for program withdrawal and reduction in days attending. An increase in days attending can be made immediately (if space permits as approved by Program Director). Costs to collect delinquent fees (i.e. collection agency fees, court fees, attorney fees) will be paid by me.

_____ Initial If applicable, I give permission for my child (ren) to be transported from _____ school to the AYS program site and agree to pay the fee related to this service.

I certify that I am the parent or legal guardian of this child(ren) and I have the legal authority to make the representations and grant the authorizations contained herein. I also understand and agree to the financial obligations and enrollment terms as outlined above.

X _____
Signature of Parent or Legal Guardian Relationship to Child

X _____
Printed Name

X _____
Child (ren) Names

X _____
Date

AYS STAFF USE ONLY - FINANCE		Initials/Date
Received by Finance	<input type="checkbox"/>	_____
Entered in parent database	<input type="checkbox"/>	_____
Confirmation to parent	<input type="checkbox"/>	_____
Copy to applicable programs	<input type="checkbox"/>	_____

AYS STAFF USE ONLY - PROGRAM	
Date: _____	Amt. Received _____
Registration Fee _____	Check # _____ M.O. # _____
1st Wk. Deposit: _____	Check # _____ M.O. # _____
Handbook Distributed: Y N	
Separate Credit Card Agreement (NO CARD #S ON THIS FORM)	Y N
AYS Staff Initials _____	
Orientation Checklist Y N	



Parent Orientation Checklist

Welcome to AYS:

_____ I have completed all of the paperwork needed to register my child, including all
Initial special needs and medication forms.

_____ AYS opens at _____ and closes at 6:00PM. There is \$1.00 per minute late fee
Initial after 6:00PM according to the AYS clock. This is paid directly to the staff member, not included with regular fees.

_____ I can consult my Parent Handbook, the site Director, or AYS administration with
Initial any questions or concerns about the program.

_____ I will not send a sick child to the program. Please consult the AYS Sick Policy handout.
Initial Any medication (prescription and non-prescription) given at the program requires written permission.

_____ I will notify AYS if my child will not be attending the program on his/her regularly
Initial scheduled day.

_____ My child will be signed in/out each day by an authorized person. This is an individual
Initial who is listed on the registration form. A picture ID will be required.

_____ I will notify AYS of any changes such as: address, phone, custody, pick-up list or
Initial something else that concerns my child.

_____ I realize payments are **due Friday** for the following week and payments are
Initial due regardless of attendance. No cash please. Payments will NOT be adjusted due to illness or holidays/school closings. Winter, Spring, and Summer break fees are charged separately.

_____ If applying for financial assistance, I understand that full rates must be paid until
Initial the application is complete and approved by the AYS Finance Office.

_____ I will give a two week written notice if withdrawing my child from the program.
Initial

_____ After Sept. 1, a \$15 fee will be charged for each attendance plan change at time of
Initial request. A two week notice is required if reducing number of days attended. An increase in days attended can be made immediately (if space permits as approved by the Program Director).

_____ Voucher Families Only: I agree to swipe in and out daily and comply with all
Initial voucher requirements.

_____ ****Early Childhood only: I will provide a change of clothes for my child. (Don't forget
Initial the child's name on all items.)**

I HAVE READ AND AGREE TO THE POLICIES AND PROCEDURES LISTED ABOVE:

Parent/Guardian Signature

Date

Director Signature

Date



EARLYCHILDHOOD/KINDERGARTEN HEALTH RECORD

(To be completed by child's physician)

Child's Name: _____ Birth Date: _____

Address (City, State, Zip): _____

Name of Person child lives with & Relationship to child: _____

Home phone #: _____

MEDICAL HISTORY

Communicable Disease	Month / Year	Condition	Explain, if present:
Measles		Allergies: _____	
Rubella (Ger. Measles)			
Chickenpox			
Mumps		Handicapping Conditions: _____	
Scarlet Fever			
Whooping Cough			
Hepatitis B		Other: _____	
Other			

PHYSICAL EXAMINATION

Date of Exam: _____

Age of Child: _____

Skin	Heart
Lymph nodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth & Mouth	Other

Note any unusual findings: _____

Does this child have any health condition that would be hazardous either to him / herself or to other children in a group setting as a result of participation in normal activities (including sports)? **YES / NO** If yes, what modifications of normal activities would be necessary to protect the child and his/her classmates: _____

Have you prescribed any medications or special routines that should be included in the center's plans for this child's activities? **YES / NO** Explain: _____

Child's Name _____

Program _____

HISTORY OF IMMUNIZATIONS & TEST (indicates month / day / year)

	1	2	3
Hepatitis B			

	1	2	3	4
Hib				

	1	2	3	4	5
DTP/DTaP					

	1	2	3	4
Polio				

	1	2	3	4
Pneumococcal Conjugate/ Pevnar/ PCV/ PCV 7				

	1	2
Measles		

	1	2
Mumps		

	1	2
Rubella		

	1	2
Varicella		

**If your child has had chickenpox, he/she does not need the vaccine.

Please provide us with the date (month & year) of the infection along with your signature:

Date of chickenpox infection: _____ Parent Signature: _____

NOTE: To be considered adequately immunized, a child of age twenty-four months should have received 3 Hepatitis B vaccinations, 4 DTP vaccinations, 3 Polio vaccinations, 3-4 Hib vaccinations, 4 PCV vaccinations, 1 vaccination against Measles, Mumps, and Rubella, and 1 Varicella vaccination.

Name of Physician completing form: _____

(Please Print)

Physician's Signature: _____ Phone #: _____

ADDITIONAL NOTES AND INSTRUCTIONS
