



*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 print clearly and 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, per child. (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>

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

Community Councils

Children's Coalition of Indiana

Afterschool Coalition of Indianapolis

AYS, Inc. works in association with:

North West Hendricks Co. Schools

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

North Salem

317-994-3026

Registration Hotline

317-803-3134 x40

www.ayskids.org/registration.html

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-North Salem Child and Youth Programs General Information Brochure



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





AYS, Inc. and North West Hendricks County Schools are working together to provide an activities program after school. This program provides creative, recreational and physical activities, as well as enrichment and homework opportunities.

Hours: *Early Childhood:* 8:30-11:00 a.m.; Monday, Wednesday, Friday- 4 & 5 year olds; Tuesday and Thursday - 3 & 4 year olds
Kindergarten: 7:30 a.m.-start of k class
School age: after school-6:00 p.m.

Site Locations: North Salem Elementary- See director or call AYS at 317-283-3817 for details.

Opportunities: Cooperative games, snacks, sports, table games, music time, reading, homework, arts & crafts, clubs

Staff to Child Ratios: 1:12 to 1:15 for school-aged programs; 1:9 for early childhood programs

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:

School-Age/Kindergarten-

\$40.00 for one child, \$60 for multiple children by July 31
\$60.00 for one child, \$90 for multiple children on August 1

Early Childhood-

\$60.00 for one child, \$90 for multiple children before July 31
\$80.00 for one child, \$135 for multiple children on August 1
(NON-REFUNDABLE)

The Prepaid Pass is designed for families needing the program *occasionally*. Card will be charged according to attendance.

Prepaid Pass \$200.00

Rates for 2011-2012 school year

School-Age <i>weekly rate</i>	1 Child	\$58.00
	2 Children	\$110.20
Kindergarten <i>weekly rate</i>	Over 4 hrs.	\$108.00
	Under 4 hrs.	\$59.00
E.C. <i>monthly rate</i>	3's and 4's	\$77.00
	4's and 5's	\$110.00

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.

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.

Days of Operation: All regular school days, and early dismissal days. *Closed Labor Day, Memorial Day, Thanksgiving Break, Christmas, New Year's, President's Day, Martin Luther King Day, and the last Friday before summer break begins.* Summer camp locations to be announced.

Weekly fees include early dismissal days.

Part-time fees include all additional AYS time, if child is attending on a regularly scheduled day. Part-time space is limited and requires pre-approval through the main office. A different fee applies to summer camps.

Snacks and Drinks: Juice or milk and a nutritious snack will be served each morning and afternoon. On days that school is dismissed before lunch, each child must bring a sack lunch. AYS participates in the Child and Adult Care Food Program. There will be no discrimination in the course of snack service.

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.

*Information is subject to change. Revised 05/11

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

Family Registration Form - 2011-2012



A registration fee per family 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).

PARENT/GUARDIAN #1 (Payment Contact/Primary Payer)

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

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

Email: _____ (Internal use only)

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

Mark all that apply: Child lives with Emergency Contact Authorized pickup

PARENT/GUARDIAN #2

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

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

Email: _____ (Internal use only)

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

Mark all that apply: Child lives with Emergency Contact Authorized pickup

1st Child

Last _____ First _____ MI _____ Birthdate: ____ / ____ / ____ Ethnicity: <input type="checkbox"/> Af.Am. <input type="checkbox"/> Asian <input type="checkbox"/> Cauc. <input type="checkbox"/> Hisp. <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other Teacher _____ Grade in Fall ____ Gender M F Who has legal custody of the child and what is the relationship _____ Custody Agreement Y N If Y, please provide copy.	AYS Program Site
--	------------------

FIRST DATE OF ATTENDANCE (REQUIRED) ____ / ____ / ____
ENTER ATTENDANCE PLAN BELOW IN APPLICABLE BOX (REQUIRED)

SCHOOL AGE AND ALL-DAY KINDERGARTEN	
FULL TIME (5 DAYS)	PART TIME (3 DAYS OR LESS)
AM&PM _____	AM&PM _____
AM Only _____	AM Only _____
PM Only _____	PM Only _____
Days Attending: _____	
M T W TH F	
Emergency Only _____	

HALF-DAY KINDERGARTEN/EARLY CHILDHOOD		
HALF-DAY KINDERGARTEN	AYS SCHEDULE	EARLY CHILDHOOD
SCHOOL SCHEDULE (circle one)	(check one)	(check one)
AM	Over 4 hours _____	Over 4 hours _____
PM	Under 4 hours _____	Under 4 hours _____
	(Attend AYS before and after KG)	
	(Attend AYS after AM KG or before PM KG)	

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 _____

2nd Child

Last _____ First _____ MI _____ Birthdate: ____ / ____ / ____ Ethnicity: <input type="checkbox"/> Af.Am. <input type="checkbox"/> Asian <input type="checkbox"/> Cauc. <input type="checkbox"/> Hisp. <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other Teacher _____ Grade in Fall ____ Gender M F Who has legal custody of the child and what is the relationship _____ Custody Agreement Y N If Y, please provide copy.	AYS Program Site
--	------------------

FIRST DATE OF ATTENDANCE (REQUIRED) ____ / ____ / ____
ENTER ATTENDANCE PLAN BELOW IN APPLICABLE BOX (REQUIRED)

SCHOOL AGE AND ALL-DAY KINDERGARTEN	
FULL TIME (5 DAYS)	PART TIME (3 DAYS OR LESS)
AM&PM _____	AM&PM _____
AM Only _____	AM Only _____
PM Only _____	PM Only _____
Days Attending: _____	
M T W TH F	
Emergency Only _____	

HALF-DAY KINDERGARTEN/EARLY CHILDHOOD		
HALF-DAY KINDERGARTEN	AYS SCHEDULE	EARLY CHILDHOOD
SCHOOL SCHEDULE (circle one)	(check one)	(check one)
AM	Over 4 hours _____	Over 4 hours _____
PM	Under 4 hours _____	Under 4 hours _____
	(Attend AYS before and after KG)	
	(Attend AYS after AM KG or before PM KG)	

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 _____

For more children, complete additional form with all child information and parent name only.

EMERGENCY NUMBERS-- ANY CHANGES MUST BE IN WRITING. ID will be required to pick up.

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: () _____

Additional people authorized to pick up your child (optional).

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. My tax-deductible gift added to my registration fee is: \$10 _____ \$25 _____ \$50 _____ \$100 _____ Other _____

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

Credit card payment	<input type="checkbox"/>	CCDF Voucher (prior approval needed)	<input type="checkbox"/>	(Call AYS office)
Check/Money Order at site (NO CASH)	<input type="checkbox"/>	Other Funding	<input type="checkbox"/>	(Call AYS office)
		Prepaid drop-in pass	<input type="checkbox"/>	(Occasional use only)

ENROLLMENT TERMS

_____ For the school year, I agree to pay \$ _____ (circle one) weekly/monthly/semester/prepaid pass.

Initial (If you need assistance in calculating your fee, please contact your Program Director or the AYS Office).

_____ I agree to pay the **Friday in advance** of service based on my plan (or first of month or semester if applicable)

Initial regardless of actual attendance.

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

Initial

_____ I give permission for AYS and my child(ren)'s school to share educational, behavioral and other pertinent information regarding my child(ren) with 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

_____ A **two week notice** is required for program withdrawal and reduction in hours attending. An increase in hours attending can be made immediately (if space permits as approved by Program Director).

Initial

After Sept. 1, a \$15 fee will be charged for each attendance plan change at time of request.

_____ Costs to collect delinquent fees (i.e. collection agency fees, court fees, attorney fees) will be paid by me. Delinquent accounts will be handled by the AYS main office.

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.

Initial

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

Child(ren) Names _____ Date **X** / / _____

AYS STAFF USE ONLY - FINANCE		
	Initials	Date
Received by Finance	_____	_____
Entered in parent database	_____	_____
Confirmation to parent	_____	_____
Copy to applicable programs	_____	_____



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
Orientation Checklist: Y N	
AYS Staff Initials: _____	



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: _____

THIS IS A REQUIRED FORM

Daycare Provider Name _____

Child Immunization Record

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip

Record Date of Immunization

	1	2	3	4	5
Hep B					
DtaP / DTP / Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevanar					

Child has documented history of varicella disease ___ No ___ Yes If yes, age ___
***Please note varicella or documented immunity (chicken pox) are required for participation in the CCDF program. PCV/Prevanar is also required when age appropriate.**

Please check the appropriate response

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: *(Please list immunizations excluded for medical reasons)* _____

Parent comments: *(Please indicate religious objection, if any)*

Signature _____ Date _____
Health Care Provider's Signature and Date is **Required**.

Printed Name and Title _____
Printed Name and Title is **Required**

This form must be updated annually.