



*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.*



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# Registration Checklist

**Follow this checklist to help you through the registration process.**

	<p><b>General Information Brochure</b>          Select attendance options.          Determine registration fee (rates increase on August 1st).</p>						
	<p><b>Registration Form</b>          Form must be complete to be processed. Remember to include the AYS program name for easier processing.</p>						
	<p><b>Parent Orientation</b>          Read and initial each statement.</p>						
	<p><b>Health Record</b>          Fill in completely along with shot records in space provided.</p>						
	<p><b>Credit/Debit Card Payment Authorization Forms</b>          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><b>Special Needs Forms</b>          Complete any necessary special needs form per child. All special needs forms can be downloaded from our website on the registration page.</p>						
	<p><b>Include Payment</b>          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><b>Mail Registration to AYS</b>          Mail all completed forms, registration fee and first week's deposit (per child) to:</p> <p><b>AYS, Inc.</b>  <b>Attn: Fall Registration</b>  <b>4755 Kingsway Drive Suite 300</b>  <b>Indianapolis, IN 46205</b></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
AYS Registration Fee							
Before July 31st	\$40.00 per child						
On or after August 1st	\$60.00 per child						

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:**

MSD Washington Township

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:**

(317) 259-6465

John Strange Elementary

3660 E. 62nd St.

Indianapolis, IN

**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](http://www.ayskids.org)

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**AYS– John Strange  
Kindergarten & Early Childhood  
Programs**


General Information Brochure



AYS, Inc. -

Quality programs for children  
in Central Indiana



 AYS, Inc. and Washington Township Schools are working together to provide a quality program designed especially for kindergarten children. This licensed and nationally accredited program provides developmentally appropriate, creative, recreational, and physical activities, as well as enrichment opportunities and parent participation.

**Hours:** 7:00AM—6:00 PM

**Site Locations:** John Strange Elem.. Call AYS at 317-283-3817 for details.



**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](http://www.ayskids.org) for registration forms.

**Registration Fee:**

**Kindergarten: \$40.00 per child before July 31;**  
**\$60.00 per child on August 1 (NON-REFUNDABLE)**  
**Early Childhood: \$80.00 per child**

**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**

K- Full Time	\$126.00
K- PM Only	\$64.00
EC- Full Time	\$141.00
EC- Part Time	\$99.00

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. Programs meet Indiana Academic Standards and incorporate a variety of enrichment opportunities.

**Days of Operation:** All weekdays, except for holidays. *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.* Winter, Spring, and Summer break locations to be announced.

**Meals:** AYS contracts with the Washington Township school cafeterias to provide nutritious breakfasts and lunches. Juice / milk and a nutritious snack will be served.

**Staff to Child Ratios:** 1:9

**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.

**Share Your Story:** Tell us how AYS has impacted your life and the life of your child at [www.ayskids.org](http://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	
FULL TIME (5 DAYS)	PART TIME (3 DAYS OR LESS)
AM&PM _____	AM&PM _____
AM Only _____	AM Only _____
PM Only _____	PM Only _____
Emergency _____	
Days Attending:	
M T W TH F	

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

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

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

\_\_\_\_\_ 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).  
Initial \_\_\_\_\_ Hard copy of handbook needed.

\_\_\_\_\_ 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.  
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

**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**

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