

2017–2018 After School Registration Form

J. Smith Young YMCA 119 W. Third Ave. Lexington, NC 27292 336.249.2177 www.lexingtonymca.com

PLEASE PRINT CLEARLY			
Date of application:		Parents must sign at bottom right corner of policies page	
Child's Full Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date	Age	School	Grade '17-18 school year
Home address		Mailing address	
Home phone		Current J. Smith Young YMCA member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance company & policy #		Hospital preference	
<i>**Participant's insurance will be considered primary coverage in case of an accident on or off-site while in the after school program; YMCA insurance is secondary coverage</i>			
Will be attending (please check): Full time _____ Drop-in (1 or 2 days per week) _____			
FAMILY INFORMATION			
Mother's / Guardian's name			
Address (if different from child's)			
Home phone	Work phone	Cell phone	
Employer			
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Email address			
Father's / Guardian's name			
Address (if different from child's)			
Home phone	Work phone	Cell phone	
Employer			
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Email address			

FAMILY STATUS	
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other (specify who)	
Has there been a divorce/separation in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who has custody?	
Are there any custody issues which we need to be aware of? If yes, please explain	
Can the non-custodial parent pick up child?	IF NOT, CUSTODY PAPERS MUST BE PROVIDED
EMERGENCY CONTACTS (if parents are not available - list at least 2 people other than parents/guardians)	
In case of emergency, please contact the following first: ___ Mother/guardian ___ Father/guardian	
1. Name	Relationship to child
Home phone	Work phone Cell phone
2. Name	Relationship to child
Home phone	Work phone Cell phone
List names/phone #'s of people other than parents/guardians who have permission to pick up your child	
1.	4.
2.	5.
3.	6.

AFTERSCHOOL MONTHLY FEES

Fees can be paid by means of cash, check, credit card or bank draft. There are no pro-rates for months containing holidays or non-attendance. ****Additional fees may be required for field trips.**

Number of children	Member	Non-member
1	\$180.00	\$225.00
2	\$270.00	\$335.00
3	\$335.00	\$410.00
4	\$380.00	\$470.00

Payment Options

After school registration requires payment of a non-refundable registration fee per child (see How Do I Register info below) plus several types of payment options. Please initial the option you wish to follow. *Monthly bills are only sent if payments are late.* Financial assistance may be available for those who cannot pay the full fees.

____ Monthly payments due on the 25th of the prior month. A late fee of \$15 will be assessed for payments 5 days or more overdue and the child(ren) will not be eligible to attend the program until full payment has been made.

____ Twice monthly payments due in advance on the 25th of the prior month and on the 10th of the current month you are paying for. A late fee of \$15.00 will be assessed for payments 5 days or more late after each due date and the child(ren) will not be eligible to attend the program until full payment has been made.

____ An 8% discount will be given for full payment for the entire school year (must be paid at beginning of school year)

____ Monthly bank draft or credit card draft. Please contact the YMCA Registrar to complete the necessary paperwork.

How Do I Register?

Return this completed form to the YMCA with a registration fee for each child. ***Registration fees are \$30 per child.*** Incomplete forms will be returned to the parent/guardian before registration can be processed. Shot and health information must be provided for all children who were not enrolled in the 2016-17 after school program or 2017 summer camp program.

Operating Schedule

The after school program will operate in accordance with the school year schedule for students. The program operates daily except for holidays and days when there is no school due to weather conditions. On these days care may be offered at the YMCA. If weather prevents the facility from opening, information will be broadcasted on all local TV stations and their websites. If school is dismissed early due to inclement weather, sites will open at that time and remain open until 6:00 unless otherwise determined by school administration. If roads become hazardous when the program is in session, please make arrangements to pick your child(ren) up as soon as possible so that every child and staff member can arrive home safely. Care is available on teacher work days and early dismissal days. For teacher work days and holiday breaks, please check with your child's Site Director as to whether you meet at the school site or the YMCA. The program will not operate on the following holidays: New Year's Day, Good Friday, Memorial Day, Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve, and Christmas Day. On days when all day care is provided, care will begin as early as 6:30 a.m. at the YMCA or as early as 7:30 a.m. when at the school site. Pick-up time is no later than 6:00 p.m. on any day.

Program Goals

1. To support and strengthen the family unit focusing on: increasing their ability to play and work together; helping families share their values with each other; increase their sense of community with other families; help families improve their economic stability.
2. To help children develop to their fullest potential focusing on: self-awareness, confidence and feelings of self-worth; interpersonal relationships; values development; physical skills; health and nutrition.
3. To deliver the care in a positive YMCA environment focusing on: having all children be safe and happy in the program; broadening community, national, and world understanding of children; conducting care in accordance with YMCA operating philosophy.

Please read each of the following policies and sign below to indicate your understanding of these policies.

Waivers/Permissions:

1. Transportation & Field Trips – I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I understand and agree to allow my child to be transported by the YMCA when they go on field trips or for other needs
2. Photography – I authorize the J. Smith Young YMCA to utilize video-tape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for YMCA programs and services with no compensation due me. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

Program Policies

3. The YMCA does not credit for missed days. Your fee pays for direct operating costs like staff, snacks, crafts, transportation, and other program supplies. All of these must be available for the number of children we have in the program. When you enroll we reserve the time, space, staff, and provisions for your child whether he or she attends.
4. Babysitting Policy – The YMCA strives to employ the very best staff possible in all of our programs. During staff time off or after they are no longer employed with the YMCA, these persons are private citizens and are no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.
5. Indemnity – I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation/my child's participation in any YMCA activities.
6. I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.
7. All afternoon pick-ups must be made no later than 6:00 p.m. Parents arriving after 6:00 p.m. will be charged \$1.00 for each additional minute. Children will be released only to persons authorized by the parent. Send written permission for situations in which persons other than those listed on the registration form are going to pick up the child. The YMCA will call Davidson County Social Services to take custody of children left more than 45 minutes past pick-up time and no contact with authorized persons.

Payment Policies

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs of the J. Smith Young YMCA are paid.

8. Insufficient Funds – If my bank returns a draft or check due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check or draft. I will need to send cash, money order or a

certified check for the draft or check within 10 business days after I receive a notification letter from the YMCA business office. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. If I have two returned drafts or checks within a six-month period, I will no longer have the bank draft privilege and will be required to pay program fees in full, in advance.

9. In an effort to keep your fees low, we will not sent out bills unless you are late with your payment and at that time a late fee will be added. You are responsible for paying your monthly fees on time. A written payment schedule is available to assist you in making payments within the required time frame.

10. The YMCA reserves the right to alter fees at any time or to terminate care for non-payment per agreement. Participants with accounts 12 days past due will be dropped from the program until full payment is made. Accounts 12 days or more past due will be sent to the collection agency used by the J. Smith Young YMCA.

11. Cancellations: Parents must notify the YMCA Registrar at the YMCA 2 weeks in advance to drop a child from the program. Bank draft participants must cancel their draft in writing at least 7 days prior to the date of their draft.

12. Refunds – I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation, nonattendance over Christmas break, or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances.

Medical Treatment Policies

13. Medication – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. A Medication Release Form must be completed before any medication can be administered (see Site Director).

Notice: The staff of the J. Smith Young YMCA will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is Epipen injections. When special circumstances exist, personnel from the YMCA will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure the medication requirements of the child are met.

14. Emergency – In the event of an emergency in which the parent or guardian cannot be contacted, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgment to be in the best interest of the child, including transportation by ambulance if necessary.

15. Blood borne pathogen exposure – I understand that while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucus membrane (ex. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and phone number of the child's attending physician to the staff member.

I have read and understand the policies of the J. Smith Young YMCA and agree to them. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA.

Signature	Date

MEDICAL QUESTIONNAIRE – TO BE COMPLETED BY PARENT/GUARDIAN	
Child's name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Age	Birth date
Name of child's physician	Phone #
Name of child's dentist	Phone #
Is your child currently under a doctor's care? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, for what reason?	
Is your child on any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what? Will they need to take it during their time in ASDP? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, a medication authorization form must be completed (see Site Director).	
Is your child allergic to anything? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list and include reaction and treatment.	
<p>General health questions</p> <p>Has/does the child – if yes, please check:</p> <p>___ 1. Had any recent injury, illness, or infectious disease?</p> <p>___ 2. Have a chronic or recurring illness/condition?</p> <p>___ 3. Ever been hospitalized?</p> <p>___ 4. Have frequent headaches?</p> <p>___ 5. Ever had a head injury or been knocked unconscious?</p> <p>___ 6. Wear glasses or contacts?</p> <p>___ 7. Ever passed out or been dizzy during or after exercise?</p> <p>___ 8. Have skin problems (itching, rash, etc.)?</p> <p>___ 9. Have speech, sight, or hearing problems?</p> <p>___ 10. Ever had emotional difficulties for which professional help was sought?</p> <p>Please explain any "yes" answers, noting the question number. _____</p> <p>_____</p> <p>_____</p>	
Please describe any after school activities from which your child should be exempt due to health reasons.	
Does your child have any dietary restrictions? If so, what?	
Does your child have any physical or mental disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe.	
Blood born pathogen exposure:	
For girls, has your daughter menstruated? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, has she been told about it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anything else you would like us to know about your child?	

Swimming Skills	
1. Does your child know how to swim? ___ Yes ___ No	
2. Can your child swim in water above his/her head without a flotation device? ___ Yes ___ No	
3. My child has my permission to swim. ___ Yes ___ No	

MEDICAL CONDITIONS (This page must be completed by a physician) *If your child attended summer camp in 2017 or is/was enrolled in the 2016-17 after school program, you do not need a physician to complete this part of the form (unless you did not submit health information at that time).***

	Date		Date		Date
Bleeding disorder		Hepatitis		Mumps	
Chicken pox		Hernia		Rheumatic fever	
Convulsions		Hypertension		Rubella	
Diabetes		Kidney disease		Scarlet fever	
Ear infections		Measles		Strep throat	
German measles		Meningitis		Tonsillitis	
Heart disease		Mononucleosis		Whooping cough	

MEDICAL EXAMINATION Code (-) satisfactory (NS) not satisfactory (O) not examined

Abdomen		Heart		Posture	
Blood pressure		Height		Skin	
Ears		Hernia		Teeth	
Eyes		Lungs		Throat	
Extremities		Nose		Weight	
General appraisal					
Limitations or restrictions					
Special diet					

IMMUNIZATION HISTORY (fill in dates)

DPT #1	Polio #1	Chicken pox
DPT #2	Polio #2	Other
DPT#3	Polio #3	
DPT#4	Polio #4	
DPT#5	Hib	
MMR	Hepatitis B	

I have examined this child and have reviewed his/her health history. In my opinion, this child is able to engage in activities except where otherwise noted.

Physician's signature	Date
Address	Phone