



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2014-2015 Y After-School Enrichment

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (Circle)  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's Address \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Email address \_\_\_\_\_ Email Address \_\_\_\_\_  
 Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell/Other \_\_\_\_\_ Cell/Other \_\_\_\_\_

I understand that I must provide documentation of legal status to the YMCA if custody of my child is in dispute.

Does your child have any known allergies? Y N If yes, please list: \_\_\_\_\_

Does your child have any medical/mental/physical condition(s)? Y N If yes, please list: \_\_\_\_\_

Does your child currently take medication? Y N If yes, please list: \_\_\_\_\_

Does your child participate in a special education program? Y N If yes, please list: \_\_\_\_\_

Is your child able to swim? Y N If yes, describe ability: \_\_\_\_\_

Would you like to make a donation so others may attend this program? Y N If yes, amount \$ \_\_\_\_\_

**Child's Doctor** \_\_\_\_\_

Phone \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Phone \_\_\_\_\_

**EMERGENCY CONTACTS:**

(Other than parents, also authorized to pick up my child.  
3 contacts MUST be listed.) ID required for pick-up.

**Name** \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Phone \_\_\_\_\_

**SCHEDULE:**

- \_\_\_\_ 5x/week
- \_\_\_\_ 4x/week
- \_\_\_\_ 3x/week
- \_\_\_\_ 2x/week (with Wed)
- \_\_\_\_ 2x/week (NO Wed.)
- \_\_\_\_ Wed. Only
- \_\_\_\_ Drop-In

**DAYS:**

- \_\_\_\_ Monday
- \_\_\_\_ Tuesday
- \_\_\_\_ Wednesday
- \_\_\_\_ Thursday
- \_\_\_\_ Friday

**Starting Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**LIABILITY WAIVER, EMERGENCY MEDICAL AUTHORIZATION, MEDICAL TRANSPORTATION, FIELD TRIP, PHOTOGRAPH PERMISSION AND DISCIPLINE POLICIES**

On behalf of this minor child, enrolled in The Family YMCA After-School Enrichment Program, I hereby release the Y, staff and volunteers from all liability relative to participation in the program. I hereby give my permission to the Y staff to obtain emergency medical care and transportation for my child should the need arise. I understand that I am responsible for any expense incurred for such care. I understand that activities will periodically take place away from the usual program site. **I give permission for my child to participate in field trips and off-site activities.** I understand that the After-School Enrichment program is considered a public venue therefore my child's photograph could possibly be taken and may be used by the media, for internal publicity, and on the Y's website which will not have the child's name included. I have received a copy of the current parent handbook or acknowledge that it is online and I understand I am responsible for knowing all policies stated in the handbook, I accept such, including the discipline policies.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

TURN OVER

# THE Y AFTER-SCHOOL ENRICHMENT

Parent, please initial small shaded boxes to indicate you have read and understand the statements.

In keeping with our mandate of building strong kids and families and to maintain safe and comfortable facilities, convicted or registered sex offenders are excluded from membership and program participation at The Y, and offenders shall not enter into Y property or loiter in the vicinity of Y programs and activities.

(Initial)

## FEE AGREEMENT

I hereby agree to accept full responsibility for all fees required for my child(ren) to attend the Y After School Enrichment Program.

I understand that all billing is done by an Electronic funds transfer (EFT). The set amount will be withdrawn from my account on the 1<sup>st</sup> of the month for child care covering that month. I understand that all returned payments are subject to a \$5 processing fee and payments rejected for insufficient funds or a closed account may also be assessed a \$25 NSF fee.

I understand that drop-ins will be accommodated **ONLY** if there is space available **AND** if the space is paid for in advance. I understand that drop in days are non-transferable or refundable.

After School charges have been averaged so that the monthly payments will remain the same throughout the school year, regardless of how many days school is actually in session in a particular month.

In the event that I default on my payments, I understand that my child will be disenrolled from the program and that I will be responsible for any cost of collection.

I understand that the Y **DOES NOT ISSUE TAX STATEMENTS**, so all parents must keep track of information if it is needed. There will be a \$25 bookkeeping fee to print out all individual receipts for an entire school year.

I understand that I must inform the **Y OFFICE** of any changes in schedule. Changes must be done **IN WRITING**, two weeks in advance. There is a \$15.00 fee for each change.

I understand that if I pick up my child between 5:46-5:50pm, I will be charged a late pick up fee of \$10. If I pick my child up between 5:51-5:55pm, I will be charged a \$20 late pick up fee. If I pick up my child between 5:56-6:00pm, I will be charged a late pick up fee of \$30. This fee is per child and will continue in 15 minute increments at the rate of \$30 per 15 minutes until the child is picked up. I understand that late pick-up fees will be automatically charged to my EFT on file within one week of the infraction.

**\*\*SPECIAL PAYMENT ARRANGEMENTS MAY BE AVAILABLE BY SPEAKING WITH THE ADMINISTRATIVE ASSISTANT.\*\***

## ATTENDANCE/WITHDRAWAL POLICY

I understand that I must call in my child's absence to the Y office (662-3100). Telling Y staff of my child's absence does not exempt me from the \$25.00 fee. **If I do not call the Y a minimum of 45 minutes before school dismissal, I will be charged \$25.00.** This fee will be automatically charged to my EFT on file within one week of the infraction. **I understand that if the Y staff is not able to notify parents or emergency contacts, the Y is not responsible for the missing child.**

I understand that 2 weeks notice is required to terminate enrollment. I understand that I must fill out an exit survey at the Y. Unpaid balances must be cleared before my child's last day at the program. There is a \$25.00 withdrawal fee for withdrawing before the end of the 2014-2015 school year because my child has reserved a spot.

I understand that there are no refunds for absences due to sickness, vacations, mishaps, holidays or unforeseen circumstances (including but not limited to evacuation or natural disaster). **PROGRAMS DO NOT OPERATE ON SCHOOL HOLIDAYS, DURING SCHOOL VACATIONS, or SCHOOL SNOW DAYS.**

**I UNDERSTAND THAT THE YMCA RESERVES THE RIGHT TO DISENROLL, WITHOUT REFUND, ANY CHILD WHO POSES A CONSTANT DISCIPLINARY PROBLEM, JEOPARDIZES THE SAFETY OF HIM/HERSELF OR ANY CHILDREN IN THE PROGRAM OR WHO IS OTHERWISE DISRUPTIVE TO THE PROGRAM.**

## PARENT HANDBOOK

Upon registration, I received a copy of the After School Enrichment parent handbook or acknowledge that it is online. I understand that I am responsible for knowing the material contained within the handbook, and I accept the policies and conditions within.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Confidentiality Statement: This form will be kept available for staff information for 1 year. Parents who desire confidentiality on any matter must request special actions from the Administrative Assistant, who will inform the Site Director of new procedures.