



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENGAGE BEYOND THE SCHOOL DAY

CHILD CARE

School-Age Program

YMCA OF THE SUNCOAST

Welcome, Palm Harbor and Carwise Middle School participants! Your child's 2014-15 registration packet awaits. This packet may be dropped off at your child's school site or at our association office, at 2469 Enterprise Road, Clearwater.

Our program is an academic achievement program designed to increase student grades, engagement and attendance. The YMCA works closely with teachers to align our curriculum and individual tutoring plans with the school day.

One requirement of this intervention-based program is that students remain in the program until at least 5:30 p.m. daily. Studies have found that a child who receives 2 1/2 hours of after-school enrichment sees greater gains in their education and in their academic and youth development.

It is important to the Y for your child to receive quality care and have the opportunity to strengthen academic skills in the afterschool program. **We look forward to working with you and your child!**





FOR YOUTH DEVELOPMENT
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Office Use Only
Child ID: _____

School Site: _____

www.ymcasuncoast.org

Please Clearly Print all the information requested below so we may accurately register your child/ren without delay.

Child's Full Legal Name: _____ Date of Birth: ____/____/____

Child's Preferred Name: _____ Gender: Male Female Grade: _____

Home Address: _____ City: _____ Zip: _____

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Does your child/you receive any of the following discounts (subsidies)?

Is your child currently approved for YMCA of the Suncoast Financial Assistance? Yes No
Is your child currently approved for Government Financial Assistance? (ELC) Yes No
Are you or your spouse employed by the Pinellas County School District? Yes No

Parent/Legal Guardian Name: _____ Date of Birth: ____/____/____

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Household Email: _____ Household Phone: (____) _____
We will not disclose your email information for any non-related YMCA use.

Home Address: _____ City: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Household Income: Under \$19,999 \$20,000-\$29,999 \$30,000-\$49,999 \$50,000-\$75,000 Over \$75,000

Staff Use Only...

Must be filled out completely (please clearly print all information)

Child's Start Date: ____/____/____

Today's Date: ____/____/____

Registration packet received by (YMCA staff): _____

Comments: _____

Amount Paid Today:

Registration Fee: \$ _____

Weekly Fee: \$ _____

Prior Balance: \$ _____

Other: \$ _____

Total Paid Today: \$ _____

Funding Codes: Full Fee School Board PHP Gov't Disc PT Y Emp FT Y Emp OST 21st CCLC

PHP Approved: _____% ELC Approved Parent Weekly Fee: \$ _____

Effective Date: _____ Approved by: _____

The YMCA does not discriminate on the basis of race, creed, religion or economic ability.

Financial assistance is available for this and all YMCA programs.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



YMCA of the Suncoast 14/15 Payment Policy Agreement
Greater Palm Harbor's Middle School Program
All school fees are to be paid by EFT (electronic fund transfer)

Child's Name: _____

All-Inclusive EFT Plan
\$75.00 per week
Fee Includes: 38 weeks of Morning Care & Enrichment Club, All School-Out Days and a Teen Membership.
Not included in fee:
 School Holiday Breaks

I am requesting this plan

Standard EFT
Enrichment Club Plan
\$30.00 per week (Full members)
\$50.00 per week (Basic members)
Not included in fee:
 Morning Care, School-Out Days, School Holiday Breaks & Teen membership

I am requesting this plan

Standard EFT
Morning Care Only Plan
\$50.00 per week (Full members)
\$75.00 per week (Basic members)
Not included in fee:
 Enrichment Club, School-Out Days, School Holiday Breaks & Teen membership

I am requesting this plan

My child will need Afternoon Bus service Only
 \$10.00 per week

Please note that all weekly fees are required to be paid even if your child does not attend.

All children are required to have either an active Full or Basic membership to participate in our Middle School Program. Please see one of our member service specialists for more details or call 727-787-9622.
 A Teen membership is included with our All-Inclusive EFT Plan.
 Please note: if you withdrawal your child from our program, their Teen membership will be inactivated

All families are required to pay their school age fees by Electronic Fund Transfer (EFT)
What is EFT?

Electronic Funds Transfer (EFT) is a system of transferring money from one bank account or credit card account directly to another without any paper money changing hands. Two of the most widely-used EFT programs are Direct Deposit & Direct Debit. Transactions are processed by the bank through the Automated Clearing House (ACH) network, the secure transfer system that connects all U.S. financial institutions.

Our EFT processing is as follows:
 Bi-Weekly (every other Monday) from your bank checking account
 or
 Monthly (1st of each month) from your credit card/debit card account.
 For families without bank accounts, please visit a local bank of your choosing.
 Please see attached EFT processing schedule.

I have read the above information and understand that I will be responsible for payments on my child's account. By signing this form, I agree to honor the policies and guidelines set forth by the YMCA.
Parent Signature: _____



YMCA of the Suncoast School Age Programs EFT Authorization Form

Parent/Legal Guardian Name: _____

Payer's Name: _____

Child #1: _____ Child #2: _____

Child #3: _____ Child #4: _____

Primary Phone: _____ Secondary Phone: _____

Household Email: _____

Who will be responsible for child(ren's) payments:

Parent Payer – relationship of Payer to child(ren): _____

Families returning to our Program... Please use my bank or credit card financial information already on file with the YMCA.

Please **verify** the last 4 digits of my Bank Account: _____

Please **verify** the last 4 digits & exp. date of my Credit/Debit Card : _____ & ____/____

Bank Information: Processes Bi-Weekly

You must provide the YMCA of the Suncoast with a **voided check**; bank deposit slips do not provide the appropriate information required for an EFT.

Parent initial: _____ Please photo-copy my check used to pay my child(ren's) annual registration fee and/or amount required based on my child(ren's) start date **as my voided document**.

Credit Card Information: Processes Monthly

You must provide the YMCA of the Suncoast with a **complete** credit/debit card number and expiration date. **Please note: Not all Bank/Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.**

Credit Card #

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Credit Card Expiration date: ____/____

Cardholder Name: _____

I agree for my child(ren's) school age fees to be paid either bi-weekly or monthly by my financial institution. Should any bank or credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a return payment service charge of \$20.00 assessed by the YMCA of the Suncoast. I also understand it is my responsibility to notify the YMCA of the Suncoast in writing should my credit card expire, I change my financial institution or I make any changes to my bank account information at anytime. We require 10 business days of notice to change or cancel an EFT processing.

Parent's Signature: _____ Date: ____/____/____



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FOR SOCIAL RESPONSIBILITY**

Pick Up Authorization List

Child's Name: _____ Grade/Group: _____

Parent/Guardian Name(s): _____

Are copies of custody/restraining papers on file for child/ren? Yes No
Who has authorization to change/add/delete persons authorized for pick-up?

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The following people are allowed to pick up this/these child(ren):

Name	Phone	____/____/____	_____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	_____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	_____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	_____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	_____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	_____
		Date Added/Deleted	Staff Init.
Name	Phone	____/____/____	_____
		Date Added/Deleted	Staff Init.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Clearwater • Citrus • Greater Palm Harbor • Greater Ridgecrest • Hernando • High Point • James P. Gills
North Pinellas • Pinellas County School Age Programs • Hernando County School Age Programs



Emergency Treatment Information (please print clearly)

Child's School Site: _____

Child's Full Legal Name: _____ Date of Birth: ___/___/___

Custodial Parent/Guardian's Name: _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Parent/Guardian's Name (#2): _____ Relationship: _____

Place of Employment: _____ Work Phone: _____

Health Information: The following information enables us to better protect your child's health & safety.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if the situation warrants it.

Child's Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Allergies: _____

List ANY medication your child is currently taking: _____

Last DPT or Tetanus: ___/___/___ Insurance Company covering child: _____

Policy Number: _____ Expiration Date: ___/___/___

Child's Dentist: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Does your child have any special needs (physical, medical, dietary, emotional or mental) Yes No

Does your child have an IEP or 504 Plan?: Yes No If yes explain: _____

List all identifying scars, birthmarks, skin discolorations, habits, fears etc...: _____

Is there any other information we need to know in order to serve your child?: _____

Emergency contact (other than parent): _____ Relationship: _____

Home Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Other: _____

Parent/Guardian Signature: _____

Date: ___/___/___

PHOTO RELEASE: I give permission for photographs of my child to be used by the YMCA of the Suncoast for promotional and/or educational purposes. I realize that neither my child nor I will receive any compensation of any kind for use of the photographs. I acknowledge that YMCA sometimes takes large group photos/videos that may include my child. I understand the YMCA will not identify my child(ren) by name in the picture.

I give permission to the YMCA of the Suncoast to include my child(ren) in a small group or individual photo including only their first name for identification.

PARENTAL AGREEMENT:

- Any outstanding balances due to the YMCA of the Suncoast must be paid in full prior to registering for School Age Programs.
- I understand that I am responsible for adhering to the late fee policy if I fail to pick up my child on time each day.
- I understand that the YMCA of the Suncoast does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I have received a copy of the YMCA's Policies & Procedures Brochure including the Discipline Policy.
- I give permission for my child to attend **all** YMCA activities and field trips.
- I understand that it is my responsibility to pay for YMCA programs.
- I have received a copy of the "Know Your Child's Day Care Center" brochure and the Flu Guide for parents.

PAYMENT AGREEMENT:

All weekly fees are required to be paid if your child attends or not.

Your weekly fee will be processed by EFT (Electronic Fund Transfer), unless other arrangements are requested in writing. If weekly payment consideration has been approved, payments by money order are due 10 days prior to the week your child will be attending if approved. Money orders should include; child's name, school site and week/date being paid. If your payment is not received by the due date, your child may lose their reserved spot in our program.

Additional fees may include:

- Any payment received after the designated due date will be charged a \$10 late fee per occurrence.
- If you are late picking up your child, you will be charged \$10 per child for every 15 minutes or portion thereof.
- You will be notified if an EFT payment (credit card or bank) is denied or returned for any reason.
- All returned payments from bank are subject to a \$20 bank processing fee.

DISCLAIMER:

The YMCA of the Suncoast does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Charitable contributions to the YMCA enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. If you would like to apply for financial assistance for your child, please visit our website at www.suncoastymca.org or ask a YMCA staff member for a People Helping People application. An application must be completed and approved prior to receiving financial assistance. Please complete each section in its entirety to insure accurate processing. If you receive government assistance (ELC), your signature indicates that you understand that the correct paperwork must be turned in and you will adhere to the attendance policy set by the funding agency.

WAIVER & RELEASE:

In consideration of gaining membership and/or my child being allowed to participate in the activities and programs of the YMCA in its facilities, including but not limited to camp locations or field trip locations, and to use its said facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting from my child's participation in any activities or use of equipment or machinery in the above mentioned facilities, or in any activities at said facilities.

I agree to adhere to all policies set by the YMCA of the Suncoast.

Parent/Guardian Signature: _____

Date: ____/____/____

YMCA Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS



Greater Palm Harbor Middle School Programs 2014-2015 Bank Account or Credit Card (EFT) Schedule for Facility Members:

EFT-Middle School Payment Plan - \$30.00-\$75.00 per week

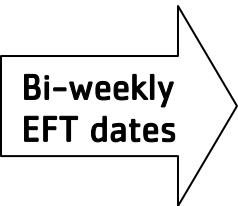
Bank/Checking Account (EFT) – Bi-Weekly

Your Bi-weekly EFT will start on Monday, August 18, 2014 and will continue every other Monday throughout the calendar year. Based on child's start date, a payment of one or two weeks will need to be paid with child's registration packet by check or money order. (Bank holidays will process the following day)

Bi-Weekly EFT amounts will be based on your child's Payment Plan option selected:

All-Inclusive Plan	\$150.00	
Enrichment Club Only	\$ 60.00	\$100.00
Morning Care Only	\$100.00	\$150.00
Bus Transport Only	\$ 20.00	

All rates stated are based on full fee amounts with a Full or Basic membership type. Subsidies/financial assistance will be pro-rated accordingly.



Aug 18 2014	Nov 24 2014	Mar 2 2015
Sept 1 2014	Dec 8 2014	Mar 16 2015
Sept 15 2014	Dec 22 2014	Mar 30 2015
Sept 29 2014	Jan 5 2015	Apr 13 2015
Oct 13 2014	Jan 19 2015	Apr 27 2015
Oct 27 2014	Feb 2 2015	May 11 2015
Nov 10 2014	Feb 16 2015	May 25 2015

Credit Card or Debit Card (EFT) – Monthly

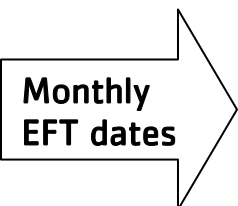
Based on child's start date, a payment of one or more weeks will need to be paid with child's registration packet by credit card, check or money order.

Monthly EFT amounts will be based on your child's Payment Plan option selected:

All-Inclusive Plan	\$300.00	
Enrichment Club Only	\$120.00	\$200.00
Morning Care Only	\$200.00	\$350.00
Bus Transport Only	\$ 40.00	

Monthly draft amounts will fluctuate based on the number of Sundays in each month (add an extra week of fees for a 5 week month).

All rates stated are based on full fee amounts with a Full or Basic membership type. Subsidies/financial assistance will be pro-rated accordingly.



Mon Aug 18 2014 (3 wks)	Fri Jan 2 2015 (4 wks)
Tues Sept 2 2014 (4 wks)	Mon Feb 2 2015 (4 wks)
Wed Oct 1 2014 (4 wks)	Mon Mar 2 2015 (4 wks) Spring Break
Mon Nov 3 2014 (4 wks) Fall Break	Wed Apr 1 2015 (4 wks)
Mon Dec 1 2014 (2 wks) Winter Break	Fri May 1 2015 (5 wks) Includes Last Week

(Weekends or holidays will process the following day)

Should your bank or credit card draft (EFT) not be honored by your financial institution for any reason, you are still responsible for the total payment due. In addition, you may incur a return payment service charge of \$20.00 assessed by the YMCA of the Suncoast. Restitution of any returned/unprocessed EFT must be made immediately upon notification. It is also understood that you must notify the YMCA of the Suncoast in writing should your credit card expire, if your financial institution changes or you make any changes to your bank account information at anytime. We do require 10 business days of notice for any EFT changes or cancellations. If you have any questions or concerns regarding your draft (EFT), please feel free to contact The Greater Palm Harbor Branch at 727-787-9622 or Information Processing Center Support Staff at 727-467-9622.