



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **2014-2015 Y-CLUB RICHLAND ONE AFTERSCHOOL PROGRAM**

## **AFTERSCHOOL PROGRAM**

The Y-Club Program is a fun place to be after school with lots of positive staff interaction and learning opportunities. We provide a healthy afterschool snack, physical fitness time, homework time and a wide variety of other activities, including STEM and time to socialize with friends or play games.

**PROGRAM HOURS** School Dismissal until 6:00pm

## **REGISTRATION INFORMATION**

Registration Fee (school year) \$25 per child plus Weekly Tuition Fee

Registration Fee due upon submitting program registration form.

ABC Vouchers Accepted (must have a current contract prior to registration)

Register online at [www.columbiaymca.org](http://www.columbiaymca.org)

In person: Downtown YMCA, 1420 Sumter St., Columbia, SC 29201

PLEASE NOTE THAT WEEKLY FEES ARE NOT PRORATED AT ANY TIME DURING THE SCHOOL YEAR.

## **NO SCHOOL DAY CARE 7am-6pm**

The Y provides care on No School Days for an additional fee. During No School Days, it is necessary to consolidate sites due to enrollment and site availability. Information regarding No School Day care will be provided by your site director.

## **SCHOOL LOCATION and FEES:**

<b>RICHLAND COUNTY SCHOOL DISTRICT ONE</b>
<b>Brennen Elementary</b>
<b>Carver-Lyon Elementary</b>
<b>Hopkins Elementary</b>
<b>Logan Elementary</b>
<b>South Kilbourne Elementary</b>
<b>Webber Elementary</b>

<b>AFTERSCHOOL FEES</b>	
<b>Annual Registration Fee</b>	<b>\$25</b>
<b>Weekly Afterschool Tuition</b>	<b>\$50</b>
<b>Sibling Weekly Rate</b>	<b>\$40</b>
<b>No School Day</b>	<b>\$20</b>

The YMCA is committed to providing quality programs to all children and families regardless of their financial circumstances. The YMCA strives to not turn anyone away due to an inability to pay and offers financial assistance through our Annual Campaign scholarship program. Applications are available at any YMCA front desk and at [www.columbiaymca.org](http://www.columbiaymca.org). Scholarships are only available to families who are not using a 3rd party subsidy and hold a current membership with our Y.

Some families may qualify for a 3rd party subsidy, such as ABC through the Department of Social Services. If you receive this subsidy, you will be responsible for any tuition and fees which your subsidy does not cover. An authorized contract is required prior to completing a registration.

For more information contact Doug Berkel at [dougberkel@columbiaymca.org](mailto:dougberkel@columbiaymca.org)

## After School Hours of Operation

Afterschool operates Monday–Friday from school dismissal until 6pm.

## Early Release Days

The Y provides care on early release days to children registered in the program. Early Release Days are considered a part of the weekly tuition for participants. On Early Release Days, the Y will provide care from the time of dismissal until our normal closing time of 6pm. Children will be checked in and out of the program as they would on a normal day. Half Day Schedules will be provided to school administrators and parents outlining the daily schedule.

## Holidays, In-Service Days, Spring Break and Winter Break

On days where the school is closed for Holidays, In-Service, Winter Break or Spring Break, the Y will offer programming for registered participants. In-Service and Holiday Breaks are NOT included in Weekly Tuition for all registered participants. Programs may consolidate to district-approved schools to provide All Day Care at the No School Day rate.

### YMCA AFTERSCHOOL 2014-2015 CALENDAR

Monday, August 18 <sup>th</sup>	First Day of School	Afterschool Y-Club Begins
Monday, September 1 <sup>st</sup>	Labor Day	YMCA Closed – No Care
Thursday, September 18 <sup>th</sup>	Early Dismissal Day	Early Release Care
Thursday, October 23 <sup>rd</sup>	Early Dismissal Day	Early Release Care
Friday, October 24 <sup>th</sup>	No School Day	All Day Care Provided (Consolidated Sites)
Tuesday, November 4 <sup>th</sup>	No School Day	All Day Care Provided (Consolidated Sites)
Thursday, November 6 <sup>th</sup>	Early Dismissal Day	Early Release Care
Wednesday, November 26 <sup>th</sup>	Thanksgiving Holiday	All Day Care Provided (Consolidated Sites)
Thursday, November 27 <sup>th</sup>	Thanksgiving Holiday	YMCA Closed – No Care
Friday, November 28 <sup>th</sup>	Thanksgiving Holiday	All Day Care Provided (Consolidated Sites)
Monday, December 22 <sup>nd</sup>	Winter Break	All Day Care Provided (Consolidated Sites)
Tuesday, December 23 <sup>rd</sup>	Winter Break	All Day Care Provided (Consolidated Sites)
Wednesday, December 24 <sup>th</sup>	Winter Break	YMCA Closed – No Care
Thursday, December 25 <sup>th</sup>	Winter Break	YMCA Closed – No Care
Friday, December 26 <sup>th</sup>	Winter Break	All Day Care Provided (Consolidated Sites)
Monday, December 29 <sup>th</sup>	Winter Break	All Day Care Provided (Consolidated Sites)
Tuesday, December 30 <sup>th</sup>	Winter Break	All Day Care Provided (Consolidated Sites)
Wednesday, December 31 <sup>st</sup>	Winter Break	YMCA Closed – No Care
Thursday, January 1 <sup>st</sup>	Winter Break	YMCA Closed – No Care
Friday, January 2 <sup>nd</sup>	Winter Break	All Day Care Provided (Consolidated Sites)
Thursday, January 15 <sup>th</sup>	Early Dismissal Day	Early Release Care
Friday, January 16 <sup>th</sup>	No School Day	All Day Care Provided (Consolidated Sites)
Monday, January 19 <sup>th</sup>	MLK Day	All Day Care Provided (Consolidated Sites)
Monday, February 16 <sup>th</sup>	No School Day	All Day Care Provided (Consolidated Sites)
Thursday, March 26 <sup>th</sup>	Early Dismissal Day	Early Release Care
Friday, March 27 <sup>th</sup>	No School Day	All Day Care Provided (Consolidated Sites)
Monday, March 30 <sup>th</sup>	Spring Break	All Day Care Provided (Consolidated Sites)
Tuesday, March 31 <sup>st</sup>	Spring Break	All Day Care Provided (Consolidated Sites)
Wednesday, April 1 <sup>st</sup>	Spring Break	All Day Care Provided (Consolidated Sites)
Thursday, April 2 <sup>nd</sup>	Spring Break	All Day Care Provided (Consolidated Sites)
Friday April 3 <sup>rd</sup>	Spring Break	All Day Care Provided (Consolidated Sites)
Friday, May 29 <sup>th</sup>	Last Day of School	Last Day of Afterschool

For more information contact Doug Berkel at [dougberkel@columbiaymca.org](mailto:dougberkel@columbiaymca.org)

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



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# 2014-2015 AFTERSCHOOL REGISTRATION

Register On-Line at [www.columbiaymca.org](http://www.columbiaymca.org)

Student's name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Fall 14: \_\_\_\_\_

Student's name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/Fall 14: \_\_\_\_\_

## Please select the school your child attends:

☐ Brennen Elem   ☐ Carver-Lyon Elem   ☐ Logan Elem   ☐ S. Kilbourne Elem   ☐ Webber Elem   ☐ Hopkins Elem

**CODE WORD** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

(Children will not be released without proper code word, 1 per family)

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Work #** \_\_\_\_\_

## EMERGENCY CONTACT NAME (May not be the same as above Parent/Guardian)

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Contact phone #** \_\_\_\_\_

## ADDITIONAL AUTHORIZED PERSON

Only Parent/Guardians listed above and Authorized Individuals listed below will be allowed to pickup this child from the YMCA

**Name #1** \_\_\_\_\_ **Name #2** \_\_\_\_\_

**Name #3** \_\_\_\_\_ **Name #4** \_\_\_\_\_

## EMERGENCY CARE INFORMATION

Routine scrapes and other minor injuries will be treated by our staff. In the event of an emergency or more serious accident/illness, staff will contact the parents/guardian directly. In the event the parent/guardian cannot be reached I give the YMCA permission to make the necessary measures to provide the appropriate treatment.

**Name of primary Doctor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

X \_\_\_\_\_  
Parent/Guardian Signature                      Printed Name of Parent/Guardian                      Date

## HEALTH HISTORY FORM (must complete one for each student)

Child's Name: \_\_\_\_\_

Check any of the following conditions or difficulties that affect this child or youth:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies (food, insects, etc.) | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Hearing                 |
| <input type="checkbox"/> Frequent sore throats/colds     | <input type="checkbox"/> Headaches            | <input type="checkbox"/> Emotional/Behavior      |
| <input type="checkbox"/> Ear infections or aches         | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Other: Please describe: |
| <input type="checkbox"/> Heart or Lung Conditions        | <input type="checkbox"/> Vision               |  |
| <input type="checkbox"/> Skin Programs                   | <input type="checkbox"/> Speech/Communication |  |

If you checked any of the above please provide additional information that will help staff members meet your child's needs while attending the program. (Attach additional pages if needed.)

Please provide any additional information about your child that might affect their participation in the program, including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional pages if needed.)

Will this child need to take any nonprescription or prescription medication during their time at the program?

☐ YES ☐ NO

If yes, indicate prescription and directions for administration of the medicine:

Medication Name: \_\_\_\_\_

Dosage \_\_\_\_\_

Date Medication Taken From \_\_\_\_\_ Until \_\_\_\_\_

Time(s) of Day: \_\_\_\_\_

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION. IF NOT, THE Y WILL NOT BE ABLE TO ADMINISTER.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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# PAYMENT / ENROLLMENT AGREEMENTS

## PAYMENT:

The YMCA of Columbia strives to be Parent Friendly. We offer 5 convenient methods of payment. Please select one of the following:

- ☐ Weekly Bank Drafts—drafted on the Tuesday prior to the week of attendance.
- ☐ Check or Cashier's Check Payments on school site (no cash accepted at school site) Due every Tuesday before that week of attendance.
- ☐ Cash, Check or Credit Card by visiting the Downtown YMCA 1420 Sumter St, Columbia, SC 29201
- ☐ Phone Credit Card Payment.
- ☐ ABC Voucher or Third Party Billing. (Authorization contract required prior to registration)

All program dues must be paid in full the Tuesday before the week of attendance. No refunds will be given for partial week attendance. The Y will assess a \$30.00 return fee on all returned payments. The Y requires a 14-day written notice to cancel any Afterschool registrations and those weeks registered to not be considered due and payable.

Initial	<b>Payment Agreements:</b> I understand that I am responsible for paying for every week my child(ren) are enrolled in the program, regardless of attendance. I understand I must give the site director a two-week written notice if I cancel or change my child's enrollment.
Initial	<b>Parent Packet:</b> I have reviewed and agree to the terms and conditions outlined in the Y's Parent Packet.

## DRAFT OPTION 1 FROM CHECKING or SAVINGS ACCOUNT\*:

Name of Financial Institution \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

## DRAFT OPTION 2 FROM CREDIT CARD OR DEBIT CARD\*: ☐ One Time Payment ☐ Draft Payment

Check box to indicate type of card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

\*A voided check or the actual credit/debit card must be presented and a signed authorization form is required at registration to set-up a draft

## BANK DRAFT AUTHORIZATION

All programs dues will be drafted on the Tuesday before the week of attendance; unless paid at time of registration. Signature below indicates agreement to payment terms and covers payment of all program dues for children registered on my account. I authorize my bank to honor preauthorized drafts drawn by the YMCA of Columbia for program payments. It is understood that the sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due for this program registration. When the financial institution honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said financial institution when received by them, I will remain liable for such payment and shall immediately pay to the YMCA in the amount of returned payment plus a return fee of \$30.00. This authority is to remain in effect until such notice is given to the YMCA of intent to revoke the agreement in compliance with YMCA cancellation policy for program which states draft will be continuous throughout the program dates of registration until written notification has been received by the YMCA 2-weeks prior to the intended week of disenrollment. Failure to comply with cancellation policy will result in that week's draft(s) being non-refundable.

## WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of Columbia for any purpose including, not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the under-signed, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any the facilities or equipment therein or participating in any program affiliated with the YMCA. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I give permission to the YMCA of Columbia to use, without limitations or obligation, photographs, film footage, or tape recordings, which may include the registrant's or my image or voice for purpose of promoting or interpreting YMCA programs.

X \_\_\_\_\_  
Parent/Guardian Signature Printed name of Parent/Guardian Date

X \_\_\_\_\_  
Signature of Person Authorizing Payment (if different from Parent/Guardian) Date