



# 2009 - 2010 Pickens County YMCA Afterschool Registration Form

**Start Date:** \_\_\_\_\_  East End  Forest Acres  West End  Crosswell  Pickens Elementary  
 Powdersville Elementary  Concrete  Wren Elementary  Hunt Meadows  Ben Hagood Elementary  
 Gettys Middle School  Powdersville Middle School  In Service Days ONLY

**CHILD 1 NAME** ..... Gender  M  F  
 DOB ...../...../..... '09-'10 Grade ..... Race ..... Returning Participant  Y  N

**CHILD 2 NAME** ..... Gender  M  F  
 DOB ...../...../..... '09-'10 Grade ..... Race ..... Returning Participant  Y  N  
 Address ..... City ..... State ..... Zip .....  
 Home Phone ..... Email Address .....  
 Child lives with  Mother  Father  Both Parents  Other .....

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Relationship to Child		
Date of Birth		
Drivers License Number		
Employer		
Business/Daytime Phone		
Cell Phone		
Financially Responsible (at least 1 parent must be financially responsible for camp payments)	YES NO	YES NO

**Authorized to Pick Up Child:** (other than parents/guardians)

Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....

**Specifically NOT authorized to pick up child** .....

**Afterschool Scholarship Contribution:** (tax deductible contribution)  \$10  \$25  \$50  \$100  Other .....

**Health History** Any medical special needs/allergies/concerns (Copy of Immunization Records must accompany form)

Child 1 .....  
 .....  
 .....  
 Child 2 .....  
 .....  
 .....

Family Physician ..... Phone Number: .....

**PLEASE SIGN WAIVER ON BACK OF FORM**

<b>Office Use Only:</b>	Date: Accepted By:	Date: Entered By:	Authorization List: Email List:
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# Pickens County YMCA 2009 - 2010 Afterschool

## Waivers/Permissions:

1. I permit my child to participate in activities the YMCA conducts at YMCA facilities and off site.
2. Field Trips: I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride authorized vehicles for the purpose of transportation in connection with the YMCA program.
3. Photography: I hereby give permission to the Pickens County YMCA without limitation or obligation, to use photographs, film footage or recordings which may include my child's image or voice for promotional purposes of YMCA programs.

## Program Policies

4. **Babysitting Policy:** While employed by the YMCA, staff are not allowed to babysit for program participants. The YMCA cannot and does not endorse or recommend its former staff members as babysitters to any parent or guardian of any child in any program. 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 related to former staff.
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, damaged or stolen at our programs.
7. Children age 3 and older need to be toilet trained.

## Payment Policies

8. I understand that I may not register my child for a new program until outstanding balances due on past programs are paid.
9. I understand the registration fee, if required, is non-refundable.
10. If your child is not going to attend a registered week, please notify the accounts receivable director of the cancellation in writing 7 days prior to the week. Payment is not required for weeks not attended.
11. I agree to follow all payment policies (listed in the parent handbook and available on the website), and to pay all payments on or before the payment date, the Friday of the week. If I do not pay on or before the payment date, I realize that my children will not be able to attend the YMCA afterschool program until the outstanding balance is paid in full. If payment is late, a late fee will be added to the balance. Late pick up fees of \$1.00 per minute will be charged for every minute after 5:30pm or 6:00pm (depending on program).
12. I understand that, drop-in days only apply to 1 or 2 days per week. If my child attends 1 or 2 days, the charge is \$12.00 per day. If my child attends 3 or more days, I must pay for the week in full. **There are NO drop in days for the middle school program or camp.**

## Medical Treatment Policies

13. I affirm that my child is free from communicable diseases and has not been exposed to such.
14. **Accident Insurance:** Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs. I understand that no accident or medical insurance is carried on program participants.
15. **Medication:** The YMCA does not normally administer medication and will do so only when directed in writing by the child's parent or guardian. Medication form is available in the parent handbook and on the YMCA website. The YMCA staff will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is epipen injections.
16. **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 mucous membrane (e.g. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of

the attending physician of the source child to the 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 telephone number of the child's attending physician to the staff member.

I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.

17. **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 interests of the child.

## Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

### The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing or threatening
3. Leaving children unsupervised
4. Use of profanity

### A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas with group – running away is not acceptable.
6. Participate successfully within the YMCA staff-child ratios specific for each program.

### The Discipline Policy

1. If a child is unable to comply with behavior expectations, a conference will be held by the site coordinator with the child. The parent/guardian will be notified in writing.
2. If after the above meeting, the child is still unable to comply with the behavior expectations, the site coordinator will meet with the parent/guardian. If appropriate, a behavior contract will be established and agreed upon by the child, parent/guardian and coordinator.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or expulsion.

### Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff. Prohibited conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying or intimidation.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

### Special Circumstances

While the Pickens County YMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children, the program will not accept children who are, (1) of danger to themselves, (2) of danger to others, (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy child care programs. Any of the above reasons will be grounds for dismissal from the program. A parent/guardian must discuss special conditions or circumstances involving their child with the director. This must be completed prior to the registration so that the administration may make a determination if reasonable accommodations can be made for your child

**I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward. 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. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.**

Parent/Legal Guardian Signature

Date