



Pickens County YMCA Afterschool • 2010-2011 Registration

East End Elementary
 Forest Acres Elementary
 West End Elementary
 Crosswell Elementary
 Pickens Elementary
 Powdersville Elementary
 Concrete Primary
 Wren Elementary
 Hunt Meadows Elementary
 Ben Hagood Elem.
 Gettys Middle
 Powdersville Middle School
 McKissick Elementary
Afterschool Start Date: _____

1 CHILD 1 NAME Gender M F **CHILD 2 NAME** Gender M F
 DOB/...../..... Age '10-'11 Grade Race DOB/...../..... Age '10-'11 Grade Race

Health History/Behavior Information: Please check if your child has any of the following, and if so, please explain.

<input type="checkbox"/> Special Needs <input type="checkbox"/> Allergies or Asthma <input type="checkbox"/> Chronic/Recurring Illnesses <input type="checkbox"/> Operations/Serious Injuries <input type="checkbox"/> Medications If medication needs to be taken during afterschool, a Medication Form must be completed.	<input type="checkbox"/> Special Needs <input type="checkbox"/> Allergies or Asthma <input type="checkbox"/> Chronic/Recurring Illnesses <input type="checkbox"/> Operations/Serious Injuries <input type="checkbox"/> Medications If medication needs to be taken during afterschool, a Medication Form must be completed.
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Significant Information about your Child's Behavior that would be helpful to Afterschool Staff.

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2 Child lives with:
 Both Parents
 Both Parents (different addresses)
 Mother
 Father
 Guardian
 Other
 Divorced/Separated:
 Yes
 No List Custodial Parent:

3 Account Holder/Parent/Guardian # 1 Information: (all information, correspondence and invoices will be sent to the "Account Holder" name)
 Full Name:..... Relationship to Child: Mother Father Guardian Other:
 Email Address: DOB/...../..... Drivers License #:
 Mailing Address: City:..... State: Zip Code:.....
 Home Phone: Cell Phone: Employer: Work Phone:

4 Parent/Guardian # 2 Information: (Non-Custodial Parent, if applicable. Note: all information will be sent to the "Account Holder" named above)
 Check this box if address and home phone are the same as Account Holder:
 Full Name:..... Relationship to Child: Mother Father Guardian Other:
 Email Address: DOB/...../..... Drivers License #:
 Mailing Address: City:..... State: Zip Code:.....
 Home Phone: Cell Phone: Employer: Work Phone:
(check all that apply) Parent/Guardian # 2:
 Should be contacted in an emergency
 Has permission to pick up child

5 Emergency Contacts and Authorized Pick Up Persons: (other than parents/guardians)

Name	Phone	Relationship	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone	Relationship	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone	Relationship	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone	Relationship	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone	Relationship	Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Specifically **NOT** authorized to pick up child (Please include relationship):

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Payment Information: Yes, I plan to apply for financial assistance. Yes, I plan to receive DSS funding.

\$2 a week discount per child for drafting payments.

Authority to Manually Draft Weekly Afterschool Payments:

Bank/Credit Card Account Holder Name: Bank Name: Bank Routing Number: Bank Account Number: Credit Card Type: VISA MasterCard Credit Card Number: Expiration Date:

Afterschool Scholarship Contribution: \$..... Weekly Scholarship Donation Drafted Amount \$..... One Time Scholarship Drafted Amount

By completing the above information, I (Account Holder) authorize that afterschool payments, as well as indicated scholarship gift, may be withdrawn from my account. It is understood that sending preauthorized EFT to the bank weekly shall constitute valid notice of payment due.

Account Holder Signature: Date:

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.
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.
6. I understand that the YMCA is not responsible for any personal items lost, damaged or stolen at YMCA programs.
7. Children age 3 and older need to be toilet trained.
8. Behavior: I understand that my child(ren) must comply with the program rules and standards of conduct and that the organization may terminate my child's participation in programs if he/she does not maintain these standards.

Payment Policies

- 9. I understand that I may not register my child for a new program until outstanding balances due on past programs are paid.
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, as listed on the payment schedule.

- 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 RATES FOR MIDDLE SCHOOL PROGRAMS.

Medical Treatment Policies

- 14. Immunizations: I affirm that my child(ren) are current on all required immunizations and I am able to provide documentation if requested.
15. I affirm that my child is free from communicable diseases and has not been exposed to such.
16. Accident Insurance: Participants are responsible for accident insurance when using the YMCA and when participating in YMCA programs.
17. Medication: The YMCA does not normally administer medication and will do so only when directed in writing by the child's parent or guardian.
18. 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.
19. 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.

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, of danger to themselves, of danger to others, a disruption to the normal activities making it unreasonably difficult for other children to enjoy child care programs.

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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.

Parent/Legal Guardian Signature

Date

Office Use Only: Accepted By: Entered By: Authorization List: Copies: Email List: