



# Pickens County YMCA Afterschool • 2011-2012 Registration

East End Elementary   
  Forest Acres Elem.   
  West End Elementary   
  Crosswell Elementary   
  Pickens Elem.  
 Powdersville Elementary   
  Concrete Primary   
  Wren Elementary   
  Hunt Meadows Elem.   
  Ben Hagood Elem.  
 McKissick Elementary   
  Gettys Middle   
  In-Service Drop In Only   
**Afterschool Start Date:** \_\_\_\_\_

**1 CHILD 1 NAME** ..... Gender  M  F   
**CHILD 2 NAME** ..... Gender  M  F  
 DOB ...../...../..... Age ..... '11-'12 Grade ..... Race .....   
 DOB ...../...../..... Age ..... '11-'12 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 ..... <small>If medication needs to be taken during afterschool, a Medication Form must be completed.</small>	<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 ..... <small>If medication needs to be taken during afterschool, a Medication Form must be completed.</small>
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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   
 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  Other: .....  
 Email Address: ..... DOB ...../...../..... Drivers License #: .....  
 Mailing Address: ..... City:..... State: ..... Zip Code:.....  
 Home Phone: ..... Cell Phone: ..... Employer: ..... Work Phone: .....

**4 Parent/Guardian # 2 Information:** (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  Other: .....  
 Email Address: ..... DOB ...../...../..... Drivers License #: .....  
 Mailing Address: ..... City:..... State: ..... Zip Code:.....  
 Home Phone: ..... Cell Phone: ..... Employer: ..... Work Phone: .....  
**Note: Parent/Guardian # 1 and # 2 are automatically added to the authorized pick up and emergency contact list.**

**5 Emergency Contacts and Authorized Pick Up Persons:** (Parent #1 and #2 are automatically added to authorized pick up and emergency contact list.)  
 Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....  
 Name ..... Phone ..... Relationship .....  
 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:

Checking Savings Credit Card Bank/Credit Card Account Holder Name: Bank Name: Bank Routing Number: Bank Account Number: Credit Card Type: VISA MasterCard Discover 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. When the bank honors the EFT by charging my account, such EFT shall constitute my receipt for the payment. Should a preauthorized EFT not be honored by the bank when received by them, it is understood that the payment must be paid out-of-pocket or childcare services will be terminated. This is in addition to any service fees charged. I understand that it is my responsibility to ensure that my account is being drafted correctly. It is my understanding that if I wish to terminate or change this draft in any way, I must give the YMCA Accounts Receivable Director 10 days written notice. I understand the draft will occur on the Monday following the week being paid for.

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. 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 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. Some behaviors may result in immediate dismissal from YMCA programs.

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. If I do not pay on or before the payment date, I realize that my children will not be able to attend the afterschool pro-

- gram until the outstanding balance is paid in full. Late fees may be added.
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. I understand that no accident or medical insurance is carried on program participants.
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. 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.
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. 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.
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. Any of the above reasons will be grounds for dismissal from the program. A guardian must discuss special conditions or circumstances involving their child with the director prior to registration to determine if reasonable accommodations can be made for your child.

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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. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.

Parent/Legal Guardian Signature

Date

Office Use Only:

Accepted By:

Entered By:

Authorization List:

Copies:

Email List: