



# ELEMENTARY AFTER SCHOOL 2016 – 2017 REGISTRATION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

This registration form and first payment are due 7 days prior to the first day of attendance.

1. Child's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

2. Child's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

1. Grade \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Month/Day/Year)

2. Grade \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Month/Day/Year)

Does your child qualify for free or reduced lunch?  Yes  No

Please check the ethnic group the child identifies with:

- White  Black or African American  Hispanic/Latino  Asian
- Native Hawaiian or other Pacific Islander  American Indian  Two or More Races

Child's School \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**ANNUAL MEMBERSHIP FEE... \$46/family if new member**

Please specify enrollment below

- Full time ..... See enclosed rates
- Part time (up to 3 days per week)..... See enclosed rates
- Drop in..... See below
  - Regular after school day, 3:00 pm – 5:30 pm..... \$30
  - Half day (all program sites), 12:00 pm – 5:30 pm..... \$40
  - Full day (Sunnyside Elementary, 425 SW Shirley), 7:00 am – 6:00 pm..... \$54

Parent's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Parent(s) responsible for payments (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Persons other than parents who may pick up child:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**In case of EMERGENCY when unable to reach parent, call:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical exam 1. \_\_\_\_\_ 2. \_\_\_\_\_



Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last dental exam 1. \_\_\_\_\_ 2. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Medical information (such as allergies, current medications, illness, mental or psychological conditions that might need special attention) \_\_\_\_\_

Please share any additional information you would like the Y staff to have \_\_\_\_\_

**RELEASE AGREEMENT**

**1. Permissions (please initial where indicated) – I give my permission for my child/children to:**

- a. be transported in an authorized vehicle from the Y and attend all field trips. **Initial:** \_\_\_\_\_
  - b. use all play equipment and participate in all Y activities, including swimming. **Initial:** \_\_\_\_\_
  - c. be given emergency treatment by qualified YMCA staff. **Initial:** \_\_\_\_\_
  - d. use hand sanitizer when hand washing facilities are unavailable. **Initial:** \_\_\_\_\_
  - e. have a staff person help my child apply sunscreen and/or insect repellent. **Initial:** \_\_\_\_\_
  - f. be involved in photograph's or other media to promote or interpret YMCA programs. **Initial:** \_\_\_\_\_
  - g. be transported by ambulance or staff car to an emergency center for treatment. **Initial:** \_\_\_\_\_
2. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. **Initial:** \_\_\_\_\_
  3. I will be responsible for all fees accumulated as a result of my child's registration and participation in YMCA programs. I understand that all fees are payable in advance and that program participation will be denied if payments are past due. All past due accounts will be referred to collections.
  4. I have received a Parent Handbook and understand the program's policies and fees.
  5. I give my permission for my child to go on supervised field trips with the YMCA's Programs.
  6. I give permission for my child to participate in all activities, including swimming, to be supervised by YMCA staff or qualified lifeguards. If I do not want my child to participate I will give written notice.
  7. To the best of my knowledge, my child is in good health. I understand that the YMCA has safety standards in its programs and that all activities will be properly supervised. The YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
  8. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
  9. While in the YMCA's care, YMCA staff and volunteers will not transport a child in a private vehicle without the parent's specific permission.
  10. When leaving a child at the YMCA or program site, he/she must be signed in and make sure a program staff or volunteer is available to receive and supervise your child. The YMCA staff will not call to verify absences when a child is not signed in.
  11. The YMCA will release children only to people authorized by the parent/guardian. If a parent/guardian desires to have a YMCA employee provide childcare or other services outside of the YMCA program or check their child in or out of the program; they must first sign a disclaimer/waiver statement. In these situations, it is the parent(s) who are responsible for implementing the appropriate child abuse prevention measures. The YMCA is not responsible for the independent acts of its employees outside of the work place.
  12. Day Camp & School-Age Care staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through a staff person's supervisor and the program director.
  13. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child's safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services. Please do not put our employees and volunteers in a position where they have to make this judgment call.
  14. Parents/Guardians may drop in and visit with their children at any time.
  15. The YMCA takes all accusations of child abuse seriously. To protect **children**, staff and/or volunteers accused of abuse may be suspended from the program. To protect **staff and volunteers**, children and/or parents making false accusations of abuse may be suspended from the program.
  16. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

