



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Afterschool Application 2018 – 2019

Start Date: _____ School Site: _____

Facility Member Potential Member

Full Time Part Time 1 Day Part Time 2 Days Indicate Days: M T W TH F

School's Out Days Only

Child's Name: _____ Name child likes to be called: _____

Male Female Date of Birth _____ Grade: _____ Teacher _____

Primary Parent/Guardian: _____

Parent/Guardian Date of Birth (to easily acquire online account access): _____

Primary Email Address: _____

Home Phone: _____ Pager/Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Business Address: _____

Second Parent/Guardian: _____

Home Phone: _____ Pager/Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Business Address: _____

If parents are divorced, custodial parent name: _____

If there are special circumstances involving visitation and pick up rights, you must provide the legal documentation for these arrangements.

Pick Up Authorization

Other than those listed above, who may pick up your child (must be at least 18 years of age):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT (This is to be someone OTHER than the legal guardians.)

In case of emergency, after attempting the parent/guardian, staff will contact the following additional names of responsible persons who you authorize to act on your behalf.

Name	Relationship to Child	Address	Primary Phone	Work Phone/Work Hrs.
1. _____				
2. _____				

PHYSICIAN CONTACT INFORMATION

Primary Physician: _____
Address: _____ Phone: _____

ACCIDENT INSURANCE

The YMCA does not carry accident insurance.

REFUND AND CREDIT POLICY

There are no refunds or credits for absences, sickness, mishaps, or holidays. To terminate enrollment, you must complete a Change Request Form at the YMCA facility no later than five (5) business days prior to the week of withdraw to stop the draft (Afterschool ONLY).

AUTHORIZATION FOR PARTICIPATION

I hereby authorize and give permission for my child to attend and participate in all activities.

AUTHORIZATION FOR BASIC FIRST AID, EMERGENCY MEDICAL AND DENTAL CARE

I hereby grant permission to the YMCA staff and/or medical personnel to give my child basic first aid. In the event I cannot be reached in an emergency, I give permission to medical personnel selected by the YMCA staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named above. The YMCA staff will make every effort to notify me whenever my child becomes ill or injured and, if required, I agree to pick up my child thereafter as soon as possible.

IMMUNIZATION RECORDS

My child's immunization records are current and on file at the school my child is attending. Yes No

PHOTOGRAPHS

I give permission to the Greater Kingsport Family YMCA, without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs. I release YMCA from any claim of liability for that use. Yes No

This completed form may be photo copied. The above information is correct. I have read and understand the above information and agree to abide by that which is set forth. My child will abide by YMCA rules and regulations and follow the guidance provided by YMCA staff while he/she is attending the program.

I understand the registration payment is NON-REFUNDABLE.

Signature of Parent or Guardian

Date

HEALTH HISTORY

Medical condition/diagnosis: _____

Chronic illness: _____

History of serious injury/hospitalization: _____

Special dietary needs: _____

Physical Restrictions: _____

Allergies: _____

DEVELOPMENTAL

Does your child have any problems with speech? _____

Does your child have any problems with walking, running or moving? _____

Does your child have any problems with vision? _____

Does your child have any problems with hearing? _____

Is there any other information that you wish to share that would assist in meeting your child's needs?

POLICY STATEMENT

PROGRAM POLICY

1. The Afterschool program operates from the time school dismisses until 6:00pm (5:45pm at Rock Springs), Monday through Friday and 7:15am until 6:00pm on School's Out Days. Parents who are late picking up their child will be charged **\$1 per minute**. Parents who consistently pick up their child after closing may be asked to leave the program.
2. All enrollment forms must be completed by the parent/guardian before a child begins our program.
3. Upon enrollment, a \$20 non-refundable registration fee is due for each child who is not a member of the YMCA.
4. Financial assistance is available for families who qualify. You may pick up the Financial Assistance form at the YMCA Facility on Meadowview Parkway or you can print it from our website, www.ymcakpt.org.
5. Part-time enrollment is available either 1 or 2 days a week at some of the school sites. These days must be determined at the time of enrollment and must remain consistent throughout the school year in order to staff accordingly.
6. If a child becomes ill during the Afterschool program, the parent/guardian will be called and arrangements must be made to pick up the child immediately. Children may not attend with a fever over 100°, vomiting, diarrhea, or any contagious disease. Children must be fever-free for 24 hours before returning to the program. A physician's statement may be requested in certain instances.
7. When a child is to be given medication by the Site Coordinator, the parent/guardian must complete a medication form. Each prescribed medication must be in the original prescription bottle with the child's name.
8. As a part of the YMCA curriculum, your child will participate in outdoor activities, weather permitting. Please make sure that your child is dressed accordingly. If he/she is able to attend the YMCA program, then he/she should be well enough to go outside.
9. Every effort will be made to provide a program for inservice days, spring break, and holidays. Reservations must be made in advance and are binding. We are unable to provide care for snow days.
10. The Department of Children's Services requires licensed child care centers to have a written policy regarding intoxicated adults picking up children. The YMCA will inform adults picking up children from our program who clearly appear intoxicated that we suggest they allow us to call another adult from the transportation list to pick up the child. Should the adult take the child in his car anyway, we are required to contact the police or Child Protective Services and report the incident.

PAYMENT POLICY

1. Draft payments will be processed on the cycle you have chosen (weekly, bi-monthly, or monthly).
2. You are responsible for the entire amount for which you are enrolled, even if your child misses days during the week.
3. A **\$1 per minute** charge will be added when you are late picking up your child and will be drafted accordingly after fee is posted.
4. All fees from previous YMCA programs must be current in order to enroll.
5. To terminate enrollment, you must complete a Change Request Form at the YMCA facility no later than five (5) business days prior to the week of withdraw to stop the draft (Afterschool ONLY).
6. Should my child care draft not be honored for ANY REASON, I realize that I am still responsible for that payment plus a \$15 service charge applied by the YMCA. This is in addition to any service fee I may be charged by my financial institution. If the draft does not go through for a billing cycle, my child care may be subject to termination. Once my past due balance is paid, my child care and draft will be reactivated.
7. Drafts will be continuous whether your child attends or not. You are paying to hold your child's space.

I have read and received a copy of the Policy Statement and the Department of Human Services Summary of Licensing Requirements for Child Care Centers. My copy is in the Parent's Handbook. I agree to accept full responsibility for payments for my child and to abide by the YMCA Policy Statement.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

(OFFICE COPY – Parent Copy in Parent's Handbook)