



## YMCA After School Registration Packet for 2012-2013 School Year

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# IMPORTANT PAYMENT INFORMATION

**Complete one form per household and FAX to (770) 664-0337.**

School: \_\_\_\_\_ Date Starting Program: \_\_\_\_\_

**Child's Name 1:** \_\_\_\_\_

**Child's Name 2:** \_\_\_\_\_

**Child's Name 3:** \_\_\_\_\_

### Step 1: Select membership type.

Annual Membership:  Program Membership: \$35.00

Continuous Membership:  Current Facility Membership: No Charge

### Step 2: Select yearly payment method.

Select one:  Invoice **or**  Auto Draft -- Select Draft Date:  1st  15th  1st and 15th  
 Weekly

*Invoices are sent monthly via mail showing the payment due for the month. All payments must be received by the YMCA the first of each month. Auto Draft is drafted from the authorized card each month on the above selected draft dates. Monthly tuition is based based on the number of weeks after school is provided.*

### Step 3: Credit/Debit Card Authorization: Select yearly payment method.

Select one:  Visa  MasterCard  Discover Card  AMEX  
 Please use this card for Auto Draft

Name as it Appears on Credit/Debit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ Amount Authorized: \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Step 4: Calculate and make initial payment.

**\$67.00 X** \_\_\_\_\_ (# of weeks) X \_\_\_\_\_ (# of children) + **\$35.00 (Program Membership)** = \$ \_\_\_\_\_

Select payment method:  Use above credit/debit authorization for initial payment.

### After School Payment Schedule: 2012 - 2013 School Year

**August 13 - August 31 = \$201.00**

**September 4 - September 28 = \$268.00**

**October 1 - November 2 = \$335.00**

**November 5 - November 30 = \$227.80**

**December 3 - December 19 = \$201.00**

**January 7 - February 1 = \$268.00**

**February 4 - March 1 = \$268.00**

**March 4 - March 29 = \$268.00**

**April 8 - May 3 = \$268.00**

**May 6 - May 23 = \$201.00**

<b>FOR STAFF ONLY</b> Household ID: _____ Date Received: _____
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**IMPORTANT: FAX or RETURN completed form to your local YMCA.**

## WELCOME TO YMCA AFTER SCHOOL

There is no organization quite like the Y. Deeply rooted in your community, our movement is made up of people of all ages and from every walk of life, all working side-by-side to ensure everyone, regardless of gender, income or background has the opportunity to live life to its fullest. We value caring, honesty, respect and responsibility, and everything we do stems from this. Our staff at 100 plus after school sites in 6 counties is all personally committed to helping families raise their children to their fullest potential.

We are the nation's leading nonprofit strengthening communities through youth development, healthy living and social responsibility. With a focus on nurturing the potential of every child, improving the nation's health and well-being and providing opportunities to give back and support neighbors. The Y enables all to be healthy, confident, connected and secure. Take the time to familiarize yourself with this packet. We strive to provide an after school experience that models the best practices in keeping kids safe and delivering impact through quality, affordable childcare.

**Pages 1-5 AND your completed payment form require your signature and need to be mailed, faxed, OR returned to your local YMCA along with your current immunization record.** The last page in this enrollment packet lists for your convenience branch addresses, phone and fax numbers. Please direct any feedback to your local after school Program Director.

## CHILD'S PERSONAL HISTORY

School: \_\_\_\_\_ Date Starting Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Called: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ Grade: (circle one) K 1 2 3 4 5

Years In After School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

With whom does the child live: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Child's Legal Guardian(s):  Both Parents  Mother  Father  Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Date of Birth: \_\_\_\_\_

Mother's Home Address (if different from child's): \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Income: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Address/City/Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Date of Birth: \_\_\_\_\_

Father's Home Address (if different from child's): \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Income: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Address/City/Zip: \_\_\_\_\_

**IMPORTANT: FAX or RETURN completed form to your local YMCA. See PAGE 6 for details.**

# PARENT PICK-UP AUTHORIZATION

**YMCA staff wants to ensure your child's safe and enjoyable experience in our after school program. Please help us by agreeing to the following procedures:**

- I will sign out my child as I come to pick him/her up.
- I will personally escort my child from the program area.
- I will supply in writing the required information of those who are authorized to pick up my child.
- I understand that any changes to pick up list must be made in writing and I also understand that the receipt of any changes must be confirmed by YMCA staff in writing.
- The adults I have listed below are AUTHORIZED to pick my child.
- I understand that adults authorized to pick up my child must present a valid photo ID (preferably a state driver's license or other form of government-issued identification).
- I understand that if the name and address listed on the ID card does not EXACTLY MATCH that of the person picking up my child, my child may not be released.
- I understand that YMCA staff will ONLY release a child to authorized adults listed below or adults listed as emergency contacts.
- I understand that authorized adults must be 18 or older.



1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please list below any people who may not pick up your child without additional written permission.**  
(Copies of any court order to support this should be kept with this form.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ACKNOWLEDGEMENT OF POLICIES & GUIDELINES

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program, and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines, and procedures in order for the program to be a successful experience for all.

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

**IMPORTANT: FAX or RETURN completed form to your local YMCA. See PAGE 6 for details.**

**YMCA OF METRO ATLANTA EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION****Print Parent/Guardian Name:** \_\_\_\_\_ **Date** \_\_\_\_\_**Child's Information:** Complete one form for each child.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male  Female  Are immunizations current?  No  YesHas child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?  No  YesDoes he/she have any disability, special needs, chronic or recurring illness or conditions?  No  YesDoes he/she have any conditions requiring medical, treatment or special considerations while in this program?  No  YesAre there any activities from which your child should be exempted for health reasons?  No  Yes

Name current medications (prescribed or over the counter) and give instructions: \_\_\_\_\_

List allergies and diet restrictions: \_\_\_\_\_

**If you answered YES to any of the questions above, please give details:** \_\_\_\_\_**Health Insurance Information:**

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Initial Emergency Contact:**

Parent/Guardian to be contacted first: \_\_\_\_\_ Phone: \_\_\_\_\_

If the initial emergency contact cannot be reached, we will attempt to reach (Please include at least one relative and one available neighbor):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Authorization:**

I certify that, in advance of participation in YMCA programs, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration for the Metro Atlanta YMCA, allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity or program.

IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia. I give permission for my child/ward to participate on supervised field trips away from the site. The health information about my child that I have provided to the YMCA (including my child's immunization records) is complete and correct so far as I know. My child has permission to engage in all prescribed activities except as noted in his/her registration materials.

**Authorization of Treatment:**

I hereby give my permission to the medical personnel selected by the director to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the child named above. The completed forms may be photocopied for field trips. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Metro Atlanta YMCA, or any of its agents, volunteers or employees.

**Hospital Consent:**

Hospital has permission to treat my child (specify name of hospital): \_\_\_\_\_

**Acknowledgement of Policies & Guidelines**

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

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

## RELEASE, AUTHORIZATION, INFORMED CONSENT & WAIVER AGREEMENT FOR MEMBERS, GUESTS AND PROGRAM PARTICIPANTS

(This agreement supercedes all prior oral or written agreements. Updated June 28, 2010)

### OUR PROMISE TO YOU

The Metro Atlanta YMCA endeavors to provide a safe environment and programs for you, your family and guests. The YMCA provides exciting, life-enhancing programs that involve exercise, travel, learning, and sports. These programs have a certain amount of risk associated with them. This form is to make you aware of those risks and to ask that you assume certain responsibilities for your decisions and actions and those of any minors in your custody or care (hereafter referred to as "my dependents").

### FOR YOUR HEALTH

- I and my dependents understand we are engaging voluntarily in YMCA exercise, physical activity and/or program related activities and field trips.
- It is my responsibility to monitor my own condition and those of my dependents throughout any activity or program and, should any unusual symptoms occur, I and my dependents will cease participation and inform the instructor and/or staff of the symptoms.
- In the event that a medical clearance must be obtained prior to participation in a physical activity program, I and my dependents agree to consult a physician and obtain written permission from the physician prior to the commencement of any program. I and my dependents agree to assume the natural risks associated with exercise and physical activity.
- I give permission to any YMCA staff person to administer first aid in the event of an emergency and to secure 911 response units for any medical or surgical treatment needed for me and my dependents. I understand that staff will try to phone the emergency contacts, in my YMCA household record, but is not required to do so before action is taken. I understand and accept that primary accident insurance and any medical expenses incurred will be my responsibility.

### FOR YOUR SECURITY

- I and my dependents understand the YMCA premises, especially parking lots and locker rooms are provided for members' and guests' convenience while participating in programs or using branch facilities. The YMCA is not responsible for vandalism, break-ins or thefts of personal property. I understand the YMCA recommends that valuables should not be brought to program activities or onto any premises. I agree to report any suspicious activity immediately to the YMCA. I understand that it is my responsibility to request, read, and after enrollment abide by the refund, cancellation and fee payment policies connected to specific membership and program involvement.

### REGARDING YOUR CONDUCT

- I and my dependents will not bring weapons, controlled substances or alcohol on YMCA premises.
- I understand that any form of solicitation is prohibited and the use of violence, noise, force, coercion, sexual misconduct, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing YMCA members' ability to enjoy their program activities, membership or YMCA staff's and/or volunteer's ability to conduct class or their job duties, is not acceptable behavior, is in conflict with YMCA values, and may result in my or my dependent's program withdrawal or membership termination of my membership. I am aware that the YMCA reserves the right, within its sole discretion, to withdraw program involvement and membership privileges to anyone for any reason that the YMCA, in its sole discretion, considers appropriate or in the interests of the YMCA and/or its patrons.

### YOUR CONSENT AND RELEASE

- IN EXCHANGE FOR ALLOWING ME TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of any and all photographs or video footage of myself or my dependents for YMCA promotional purposes without compensation, and I understand that it is the personal responsibility of members and their guest(s) to avoid being photographed if they so desire. By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities.

Signature \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Spouse (if family membership) \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of Child/Children \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**IMPORTANT: RETURN completed forms WITH ORIGINAL SIGNATURES to your local YMCA. See PAGE 6 for details.**

**PAYMENT + PROGRAM POLICIES AGREEMENT**

**Care.** I understand the YMCA agrees to provide child care Monday - Friday from school dismissal until 6:30pm. This care includes a nutritious snack. Students are not to bring food to the program, and I need to tell the Program Director if my child has dietary restrictions.

**Original Signatures.** I understand that I can fax after school registration forms to enroll my child in YMCA after school, but I also understand that original signatures will need to be added to any faxed documents to meet requirements by the Childcare Licensing Division of Bright from the Start.

**Returned Checks.** I understand that I will be notified by Check Care Systems if a check is returned. A penalty of \$37.00 will be charged. If the YMCA receives more than one returned check I will be required to pay by money order/cash/credit card for the rest of the school year.

**Fees.** I understand that the total fee is due unless a child is out THREE OR MORE DAYS IN ONE WEEK DUE TO ILLNESS. The YMCA will prorate fees when this occurs, but I must contact the Program Director for approval and provide a doctor's excuse. The total fee will not be prorated when schools are closed due to teacher workdays, inclement weather, and holidays, except for Spring Break, Thanksgiving and Winter Break. Payment of child care fees is the responsibility of the parent/guardian. Payment reminders will be given; however, payment must be made on a timely basis REGARDLESS OF RECEIPT OF INVOICE. I am responsible to keep my account current at all times and will refer to the parent handbook to find out exactly when fees are due.

**Membership Fees.** I understand that a YMCA Program Membership fee of \$35 is due for those participants who are not already current members of the YMCA.

**Cancellation.** I understand that the after school program requires a TWO WEEK WRITTEN notice of withdrawal of a participant to be given to the YMCA office, not counselors. Until such notice is received by the After school Program Director, parents are responsible for fees. I agree to contact the After school Registrar for details regarding cancellation if I wish to cancel enrollment.

**Late Fees.** I understand that the sites close promptly at 6:30 p.m. If my child is left after closing time, YMCA staff will attempt to contact parents first and then will proceed to the listed emergency contacts. A late fee will be assessed and I must refer to the parent handbook for how the exact charges are calculated and payment method. The YMCA is required by law to notify the Department of Family And Child Services if any child is not picked up one hour after site closing time.

**Immunizations.** I understand that a current health department immunization record #3231 is required with enrollment papers.

**Sick Children.** In order to maintain a safe and healthy environment for all children, I understand that children that are ill which includes but is not limited to oral temperatures of 101 degrees or higher, any contagious symptoms such as rashes, sore throat, congestion, vomiting, etc. should not attend after school. If my child has been exposed to or contracted any serious communicable or infectious disease he or she may not return until accompanied by a note from the child's physician. I understand the YMCA will keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases and will post when a communicable disease has been introduced into the program. Arrangements must be made for immediate pick-up if I am notified that my child is ill.

**Updates.** I agree to keep the office and counselors informed of any changes in information and update on any significant changes at home that might affect my child.

**Medication.** If medication needs to be distributed, I agree to contact the Program Director so arrangements can be made.

**Weather-Related School Closings.** I understand that after school will be cancelled if my child's school closes due to inclement weather or any emergency. In the event of an unplanned early release by the YMCA or my child's school, I must follow the communications procedures as outlined in the Parent Handbook. All children must have an alternate pick up or care at time of dismissal. The YMCA will only release children to adults authorized on the pick up list. Adults listed must be 18 years or older.

**Parent Handbook.** I understand the YMCA will make every effort to distribute parent handbooks to all parents but it is my responsibility to ensure I obtain one and read the Parent Handbook.

**Special Needs.** I understand that for the YMCA to appropriately modify child care delivery to address diverse needs, they need to know at the time of enrollment if my child has special needs that require adaptations or modifications.

**ACKNOWLEDGEMENT OF POLICIES & GUIDELINES**

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

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

**IMPORTANT: FAX or RETURN completed form to your local YMCA. See PAGE 6 for details.**

## YMCA CONTACT INFORMATION

**IMPORTANT: FAX or RETURN completed forms to your local YMCA.**

**Arthur M. Blank  
Family Youth YMCA**  
555 Luckie St.  
Atlanta, GA 30313  
404-724-0319 (Fax)

**East Lake Family YMCA**  
275 East Lake Blvd.  
Atlanta, GA 30317  
404-373-9850 (Fax)

**South DeKalb  
Family YMCA**  
2565 Snapfinger Rd.  
Decatur, GA 30034  
678-418-3521 (Fax)

**Covington Family YMCA**  
2140 Newton Dr.  
Covington, GA 30014  
770-787-3909 (Fax)

**Forsyth County  
Family YMCA**  
6050 Y Street  
Cumming, GA 30040  
678-341-6328 (Fax)

**J.M. Tull-Gwinnett  
Family YMCA**  
2985 Sugarloaf Pkwy.  
Lawrenceville, GA 30045  
770-963-6037 (Fax)

**Cowart Family/  
Ashford Dunwoody YMCA**  
3692 Ashford Dunwoody Rd.  
Atlanta, GA 30319  
770-451-2217 (Fax)

**Robert D. Fowler  
Family YMCA**  
5600 West Jones Bridge Rd.  
Norcross, GA 30092  
770-246-0215 (Fax)

**The Villages at Carver  
Family YMCA**  
1600 Pryor Rd.  
Atlanta, GA 30315  
404-627-4262 (Fax)

**Decatur-DeKalb  
Family YMCA**  
1100 Clairemont Ave.  
Decatur, GA 30030  
404-377-4604 (Fax)

**Ed Isakson/Alpharetta  
Family YMCA**  
3655 Preston Ridge Rd.  
Alpharetta, GA 30005  
770-664-0337 (Fax)

**Andrew & Walter Young  
Family YMCA**  
2220 Campbellton Rd.  
Atlanta, GA 30311  
404-756-0959 (Fax)