

# Parents' Morning Out

## Registration Form 2011-2012 School Year

Attached is the paperwork necessary to enroll your child in the **2011 -2012** Ed Isakson/Alpharetta Family YMCA Parents' Morning Out program. Please complete the entire form (one per child) and return it to the Ed Isakson/Alpharetta Family YMCA with the proper fees due, as outlined below. Every participant must have a current Facility or Program membership. Please call the YMCA if you have questions regarding your membership status.

A copy of your child's birth certificate or immunization record is required for registration to verify the child's age.

The Ed Isakson/Alpharetta Family YMCA appreciates your support and participation in Parents' Morning Out and other programs. We are happy that we are your first choice for Parents' Morning Out. If you have any questions regarding Parents' Morning Out, the

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**Step #1: Membership:**  Program Membership \$35.00

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**Step #2: Yearly Payment Methods**

Select one:  Invoice

Auto Draft

Select Draft Date:  1st  15th

Please use this card  
for Auto Draft

**Definition**

Invoice: Is 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: Tuition is drafted from the authorized card each month on the above selected draft dates.

**Step #3: Credit/Debit Card Authorization** (PLEASE PRINT)

Select one:  Visa  Master Card  Discover Card  Amex

Name as it appears on credit/debit card: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Authorizing: \$\_\_\_\_\_

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

**Tamara Kinmon**

Membership Director

770-663-3541

tamarak@ymcaatlanta.org

**Neta Siegel**

Lead Teacher

770-664-1220

**CHILD'S PERSONAL HISTORY 2011-2012 Start Date** \_\_\_\_\_

Program: Toddler Play Days \_\_\_\_\_ Two's Crafty Days \_\_\_\_\_ Preschool Play Days \_\_\_\_\_ Preschool Crafty Days \_\_\_\_\_  
Marvelous Mondays \_\_\_\_\_ Terrific Tuesdays \_\_\_\_\_ Wacky Wednesday \_\_\_\_\_ Thumpin Thursday \_\_\_\_\_ Fun Fridays \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address/Apt. #/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: \_\_\_\_\_ 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: \_\_\_\_\_

**EMERGENCY & HEALTH INFORMATION**

I give permission to the Parents' Morning Out staff to administer first aid and in the event of an emergency, to secure a physician for any emergency treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before any action is taken. I understand and accept that this expense is my responsibility. I also understand that it is my responsibility to carry primary accident insurance.

Parent Authorized Signature: \_\_\_\_\_

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

If this person cannot be reached, your authorized physician is: \_\_\_\_\_

at (hospital/clinic/office): \_\_\_\_\_ 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

Has your child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?  No  Yes

If yes, give dates and details: \_\_\_\_\_

Does he/she have any disability, special needs, chronic or recurring illness or conditions?  No  Yes

Does he/she have any physical problems, mental health disorders, mental retardation or developmental disabilities?  No  Yes

If yes, give details for accommodations: \_\_\_\_\_

Should any activities be encouraged or restricted? \_\_\_\_\_

List any allergies: \_\_\_\_\_

# PARENT PICKUP AUTHORIZATION

Our YMCA Parents Morning Out Staff wants to ensure your child's safe and enjoyable experience in our after school program. Please help us by following these procedures:

- Sign out your child as you come pick him/her up.
- Personally escort your child from the program area.
- Supply in writing the names of those who will pick up your child. Any changes to pick up list **must** be made in writing.

The YMCA Staff will release a child **only** to the parents/guardians who are listed under emergency contacts or listed below. Any person picking up a child may be asked to show some type of picture identification.

**Authorized adults must be 18 years 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: \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_. I understand the procedures concerning their safe participation in the PMO program and release from the YMCA Parents Morning Out Program.

**Please read and initial each of the following program policies. Your initials indicate you have read and understood the information.**

\_\_\_\_\_ 1) The PMO program requires a **TWO WEEK WRITTEN** notice of withdrawal of a participant to be given to the YMCA. Until such notice is received by the registration desk, parents are responsible for fees.

\_\_\_\_\_ 2) Children may not attend PMO if they are ill. Arrangements must be made for immediate pick-up if you are called.

\_\_\_\_\_ 3) Please keep the office and counselors informed of any changes in information and update on any significant changes at home that might affect your child.

\_\_\_\_\_ 4) If medication needs to be distributed, please contact your Program Director so arrangements can be made.

\_\_\_\_\_ 5) Pictures of participants are taken periodically for promotional and marketing purposes. If you prefer that your child **not** be included in pictures chosen for those purposes, please indicate this in writing to the Program Director.

\_\_\_\_\_ 6) PMO will be cancelled if Fulton County Schools close due to inclement weather or any emergency. Please check our website at [iay.ymcaatlanta.org](http://iay.ymcaatlanta.org) for information

\_\_\_\_\_ 7) If Fulton County Schools close early, PMO will be closed. All children must have an alternate pick up or care at time of dismissal.

\_\_\_\_\_ 8) The YMCA will only release children to adults authorized on the pick up list. Adults listed **must** be **18** years or older.

\_\_\_\_\_ 9) The YMCA of Metro Atlanta will not assume responsibility for any injuries incurred while participating in any program. Nor will the YMCA of Metro Atlanta be liable for lost or stolen items while program participants are on YMCA premises. I, my heirs, and assigns, do hereby release the YMCA of Metro Atlanta and its branches, employees, and agents from any and all claims of injury, death, loss or damage I may suffer as a result of my participation.

# **PAYMENT POLICIES**

Please read and initial each of the following payment policies. Your initials indicate that you have read and understood the information.

- \_\_\_\_\_ 1) In case of a returned check, you will be notified by Check Care Systems. A penalty of \$37.00 will be charged. If the YMCA receives more than one returned check you will be required to pay by money order/cash/credit card for the rest of the school year.
- \_\_\_\_\_ 2) The total monthly fee is due unless a child is out THREE OR MORE DAYS IN ONE WEEK DUE TO ILLNESS. We will prorate fees when this occurs, but you must contact the Program Director for approval and provide office with doctor's excuse.
- \_\_\_\_\_ 3) The total monthly 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.
- \_\_\_\_\_ 4) A YMCA Program Membership fee is due for those participants who are not already current members of the YMCA - \$35 program membership.
- \_\_\_\_\_ 5) Payment of monthly 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**. Please consult your handbook for current monthly charges. Fees are due by the FIRST of each month, but arrangements can be made for bi-monthly payments. Please contact the registration desk for details.
- \_\_\_\_\_ 6) If you cancel the program before July 31, 2011, your membership and first week's payment are refundable. If you cancel between August 5 - September 4, 2011 only your membership is refundable. All refunds must be approved by the Program Director prior to the above dates.
- \_\_\_\_\_ 7) If payment is not received by the 5<sup>th</sup> of each month, a late fee of \$10.00 will be automatically assessed and participants may be withdrawn.

Financial assistance is available through our Partner With Youth Campaign. **Please note:** Scholarship funds are limited and awarded on a "first-come, first-served" basis.

# **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. 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.

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

## **OFFICE USE ONLY**

\$ Received: \_\_\_\_\_ Tuition Fee Paid: \_\_\_\_\_ Membership Fee: \_\_\_\_\_

Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_  Check  Cash  Credit Card

Received Parent Handbook:  Yes  No  Mailed

# **INCLEMENT WEATHER/EARLY DISMISSAL PRIME TIME CLOS-**

Student's Name: \_\_\_\_\_

Student's Teacher: \_\_\_\_\_

In the event that PMO closes, we need an alternate form of dismissal for your child. You will need to monitor the television or radio news for information on school care closings.

***Please advise us as to how you plan for your child to go home if Prime Time is not available:***

r Picked up at school by parent

r Picked up by person other than parent.

Please provide name of person to pick up other than parent \_\_\_\_\_

***Phone numbers where you can be reached in case of closing:***

Home: \_\_\_\_\_

Mother's Work: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Other emergency number: \_\_\_\_\_

I agree that if Parents Morning Out closes, my child will be sent home in the manner that I have indicated above:

\_\_\_\_\_  
Parent's Signature & Date

# **Parents' Morning Out For Preschool Aged Children 2011–2012 school year**

## **Play Days**

Monday/Wednesday  
9 a.m.—1 p.m.

Toddler Play Days  
18 months to 29 months

Preschool Play Days  
30 months—4 years old

## **Crafty Days**

Tuesday /Thursday  
9a.m.—1 p.m.

Two's Crafty Days  
24 months—30 months

Preschool Crafty Days  
30 months—4 years old

## **New for 2011-2012 school Year! Now offering 1 day a week classes 9 am—1 pm**

Marvelous Mondays  
30 months—4 years old

Terrific Tuesdays  
30 months—4 years old

Wacky Wednesdays  
30 months—4 years old

Thumpin Thursdays  
30 months—4 years old

Fun Fridays  
30 months—4 years old



Meet and Greet August 10th from 10 am-12 pm  
Classes begin on August 15th 2011  
Contact Tamara Kinmon for more information 770-663-3541  
or e-mail at [Tamarak@ymcaatlanta.org](mailto:Tamarak@ymcaatlanta.org)



**Program Fees:**

2 Days/week: Facility Member \$45

2 Days/week: Program Member \$51

**1 Day/week: Facility Member \$30**

**1 Day/week: Program Member \$35**

**\*tuition is billed monthly**

**Daily Schedule includes:**

Classroom activities

Arts and Crafts

Story Time

Music Time

Circle Time

Free Play

Lunch Time\*

Parents' Morning Out will provide a fun and nurturing environment for young children's early classroom experiences.

- Play Days will focus on a creative play, group play and individual play time.
- Crafty Days will focus on arts and crafts, painting and drawing for preschoolers.
- One day a week classes combine arts and crafts with play time while introducing children to many of the activities offered in our facility including sports activities in our gymnasium, nature walks on the greenway and preschool obstacle courses.

**\* Lunch not provided by YMCA**

Please Contact Tamara Kinmon for more information at 770-663-3541 or email at [tamarak@ymcaatlanta.org](mailto:tamarak@ymcaatlanta.org)