

YMCA
OF METROPOLITAN ATLANTA

2009 - 2010 ENRICHMENT PROGRAMS
Enrollment Pack

1. Cover Letter
2. Enrollment Form
3. Child's Personal History
4. Emergency Medical Authorization
5. Suggested Guide for Authorization for Medication
6. Vehicle Emergency Medical Information
7. Transportation Agreement
8. Parental Agreement with Child Care Facility
9. Financial Agreement
10. Payment Options

*Please fill out and return to the J. M. Tull-Gwinnett Family YMCA at:

2985 Sugarloaf Parkway
Lawrenceville, GA 30045
Ph: 770-963-1313
Fax: 770-963-6037
Deb Beauford
deborab@ymcaatlanta.org

PROGRAM STATEMENT

The program operates on an 18 children to 1 staff ratio, designed with the working parent(s) in mind. To qualify, children in this program must be able to function in a group setting to ensure the safety and well-being of all children.

YMCA OF METROPOLITAN ATLANTA

ENRICHMENT PROGRAM

Dear Parent or Guardian:

This enrollment packet must be completed and turned in along with your immunization record **(form 3231)** to the YMCA office **BEFORE** your child will be allowed to start the Enrichment Program. The J. M. Tull-Gwinnett Family YMCA Prime Time Enrichment Program serves Benefield, Lovin, Cooper, Mulberry and Grayson Elementary schools at the school sites. Cedar Hill, Craig, Pharr, Holt and Simonton Elementary participants will be transported to and served at the J. M. Tull Gwinnett Family YMCA. Each school location will be a licensed Enrichment Program with a capacity determined by the Department of Human Resources. To meet state guidelines, we must have the enrollment packet **COMPLETED ENTIRELY** (complete addresses, phone numbers, names, etc).

If you have any questions, please feel free to call the Child Care office at 770-513-5956.

Thank you for choosing the YMCA to provide this opportunity for your children. We look forward to a successful year.

Sincerely,

Deb Beauford

Deb Beauford
deborab@ymcaatlanta.org
770-513-5956

Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteers, members, and staff, open to and serving all, providing programs and services which develop spirit, mind, and body. Assistance is available, based on need. The YMCA actively seeks to identify and involve those in need.

Note: Parents **may apply** for a sliding-fee subsidy based on the following schedule:

ANNUAL INCOME	WEEKLY FEE
Under \$20,000	\$50
\$20,000 to \$24,000	\$55
\$25,000 to \$29,999	\$60
More than \$30,000	\$65

If you need financial assistance, please contact the Gwinnett YMCA Program Director for an application form. Scholarship spaces are available on a limited basis.

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tgy.ymcaatlanta.org

Membership # _____

- Facility Member
- Program Member

2009 – 2010 PROGRAM ENROLLMENT FORM

Please Print

_____ Start Date _____		_____ School Name _____	
_____ Child's Name _____	_____ Gender _____	_____ Age _____	_____ Birth Date _____
_____ Home Address _____	_____ City _____	_____ Zip _____	_____ Telephone _____
_____ Parents' E-mail Address _____		_____ Ethnicity _____	

_____ Mother's Name _____	_____ Home Address (if different from child) _____
_____ Date of Birth _____	
_____ Place of Employment _____	_____ Business Number _____
_____ Business Address _____	_____ City _____ Zip _____ Pager / Cell Phone _____

_____ Father's Name _____	_____ Home Address (if different from child) _____
_____ Date of Birth _____	
_____ Place of Employment _____	_____ Business Number _____
_____ Business Address _____	_____ City _____ Zip _____ Pager / Cell Phone _____

Child's Living Arrangements:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other
Child's Legal Guardians:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other
The child may be released to the person(s) signing this agreement or to the following:				
<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Zip</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	

CHILDREN'S ENROLLMENT FORM (continued)

Persons to contact in the case of an emergency when parents cannot be reached:

	<u>Name</u>	<u>Telephone</u>	
1.	_____	_____	<input type="checkbox"/> Accepts text
	E-Mail Address _____		
2.	_____	_____	<input type="checkbox"/> Accepts text
	E-Mail Address _____		
3.	_____	_____	<input type="checkbox"/> Accepts text
	E-Mail Address _____		

Child's Physician or Clinic's Name (Child's Primary Health Source)

Telephone Number

My child has the following special need(s):

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies or health concerns: **(Place N/A if none exist)**

Signature (Parent/Guardian) Date

PLEASE COMPLETE THIS FORM
IF YOUR CHILD WILL BE ATTENDING THE YMCA
LOCATION

J. M. TULL-GWINNETT FAMILY YMCA

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Lawrenceville, GA 30045
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SWIM/POOL PERMISSION FORM

I, _____, give my child, _____,
Parent/Guardian's Name Child's Name

permission to participate in recreational swimming and/or swimming lessons in the YMCA's pool while participating in the Prime Time Program.

Signature (Parent/Guardian)

Date

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SPORTS FIELD PERMISSION FORM

I, _____, give my child, _____,
Parent/Guardian's Name Child's Name

permission to do activities on the YMCA sports fields while participating in the Prime Time Program.

Signature (Parent/Guardian)

Date

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EMERGENCY MEDICAL AUTHORIZATION

Should _____ suffer an injury or illness while in the
Child's Name Date of Birth

care of **J. M. Tull-Gwinnett Family YMCA** and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) agree to keep the facility informed of changes in telephone numbers, etc. where I (we) can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's Primary Source of Health Care is:

Physician/Clinic Name Telephone Number

Known medical conditions:

- Allergies _____
- Physical problems _____
- Mental health disorders _____
- Mental retardation _____
- Developmental disabilities _____

Signature (Parent/Guardian) Date

Telephone _____

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AUTHORIZATION FOR MEDICATION
(If not on medication, please complete with "N.A." and sign.)

Child's Full Name _____

WILL YOUR CHILD TAKE MEDICATION DURING THE PRIME TIME PROGRAM ON A
REGULAR BASIS?

___ NO

___ YES (please fill out all information below)

Name of Medication _____

Prescription Number _____

Time Medication is to be given _____

Amount of Medication to be given _____

Dates to be given _____

Signature (Parent/Guardian) _____ Date

Telephone _____

Please note that any and all medications left for YMCA Staff to administer to your child must be in the original prescription container with the label intact and in the child's name. It is the parent's responsibility to supply the Program Director with new medication as needed.

Prime Time Staff **WILL NOT** give injections of any kind at any time.

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VEHICLE EMERGENCY MEDICAL INFORMATION

(Everyone must complete this form in case emergency transportation is needed.)

Child's Name		Date of Birth
Address		Home Phone
Father's Name		
Business Name	Work Phone	Cell Phone
Mother's Name		
Business Name	Work Phone	Cell Phone

Person to notify in an emergency when parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the YMCA uses: **Gwinnett Medical Center**
100 Medical Center Blvd. Lawrenceville, GA 30045
678-312-4321

Child's allergies, physical problems, mental health disorders, mental retardation, or developmental disabilities _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and **if J. M. Tull-Gwinnett Family YMCA** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witnessed by _____

Date _____

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PARENTAL AGREEMENT WITH J. M. TULL-GWINNETT FAMILY YMCA

The **J. M. Tull-Gwinnett Family YMCA** agrees to provide an enrichment program for:

Child's Name

On school days, **MONDAY through FRIDAY**, from **Dismissal to 6:30 P.M.** During the school year **August through May**.

1. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any, dosage, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
2. My child will not be allowed to leave the program without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
3. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.)
4. The **J. M. Tull-Gwinnett Family YMCA** agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
5. The **J. M. Tull-Gwinnett Family YMCA** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
6. Periodically we take pictures of children and activities for newsletters, for the promotion of programs in brochures or presentations, and/or for use at family events
7. I have received a copy and agree to abide by the policies and procedures for **J. M. Tull-Gwinnett Family YMCA**.

Signature (Parent/Guardian)

Date

Signature (Parent/Guardian)

Date

Signature (Facility Administrator)

Date

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FINANCIAL AGREEMENT

1. A child is enrolled for five days per week. The total weekly fee is due regardless of the number of days your child attends. If your child is out sick for three (3) consecutive days or more in one week, you may contact the program director for a **POSSIBLE** prorating of fees. A note from your physician is required to verify absences from school.
2. A program membership fee is required for all non-facility members. The annual fee for the program membership is \$25 for an individual and \$35 for a family (more than one child).
3. The fee for the Enrichment Program is \$65.00 per week per child. There is a \$5.00 per week discount for siblings in the same program. Payments may be dropped off at the Y in the box by the front desk. Please be sure to have your child's name, school and week you are paying for.
4. A late pick-up charge of **\$1.00 per minute** is incurred if your child is not picked up by 6:30 p.m. **The late charge must be paid at the time the child is picked up -- NO EXCEPTIONS.** The Department of Family and Children Services (DFACS) will be notified at 7:00 p.m. if no contact response has been made by parent or guardian or emergency contacts on the child's enrollment packet. **Parents must notify the YMCA if circumstances will cause them to be late.** Once the child has been picked up by DFACS, he/she is no longer the YMCA's responsibility. **Habitually picking your child up late can result in removal from the program.**
5. **The YMCA office is to be notified between 9:00 a.m. and 1:00 p.m. if your child is to be absent that day.** Please leave a message at either 770-513-5956, or with the front desk at 77-963-1313.
6. In case of a **returned check**, a **\$37 penalty** is charged. A money order will be accepted as prompt repayment on the day you are notified. If the YMCA receives two (2) returned checks, then you will be required to pay the weekly fee by money order or cash for the remainder of the semester.
7. *If you have an outstanding balance of two (2) weeks, your child will not be allowed to attend the program until this amount is paid in full. This includes all early release days and Holiday camps.*
8. The Enrichment Program requires two (2) weeks written notice of a child's withdrawal from the program. This notice will authorize billing, if any, for the unpaid balance of fees. **Notices MUST be in writing and may be faxed to 770-963-6037 or emailed to deborab@ymcaatlanta.org** There are **NO EXCEPTIONS** to tuition being due and payable **through** a 2 week **WRITTEN NOTICE.**

I HAVE READ THE POLICIES & PROCEDURES, FINANCIAL AGREEMENT, PAYMENT SCHEDULE AND WILL COMPLY WITH THESE PROCEDURES.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Child's Name Date

Director's Signature Date

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PRIME TIME ENRICHMENT PAYMENT OPTIONS:

OPTION 1

Automatic Debit/Charge - Tuition is automatically charged to your account on a bi-weekly basis. Please see the **Payment Schedule** for exact dates of debits and charges. The YMCA accepts American Express, MasterCard, Visa and Discover.

Defaulting on Option 1

Please note that services will be suspended if you have an outstanding balance of two weeks. After payment of outstanding balance you will then be automatically set up on the Option 2 payment plan which is payment by cash or money order every two weeks according to the Payment Schedule.

OPTION 2

Self Pay- Tuition will be brought or mailed into the YMCA on a bi-weekly basis according to the **Payment Schedule**. Please see the **Payment Schedule** for exact dates that tuition is due. **Payments will not** be accepted at **any** sites other than the YMCA. Services will be suspended if you have an outstanding balance of two weeks. The **YMCA** will only accept payments in the form of cash or money order for the remainder of the semester if you have one returned check. There is a \$37 returned check fee per check that is not honored by your financial institution.

Please check the box in front of the payment option of your choice.

I agree to pay my child's tuition by the following method:

- Option 1 Auto-Charge (please read above)
- Option 2 Self Pay (please read above)

Child's Name

School

Parent / Guardian Signature