



YMCA

We build strong kids,
strong families, strong communities.

2009 - 2010 School Year PRIME TIME ENRICHMENT AFTER SCHOOL PROGRAM

Attached is the paperwork necessary to enroll your child in the Ed Isakson/Alpharetta Family YMCA Prime Time program. Please complete the entire form (one per child) and return it to the Ed Isakson/Alpharetta Family YMCA with the proper amount 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.

The Ed Isakson/Alpharetta Family YMCA appreciates your support and participation in Prime Time and other programs. We are happy that we are your first choice for after school childcare. If you have any questions regarding Prime Time, the 2009 -2010 registration process, or any other Children's Services program, please do not hesitate to call us at 770-664-1220.

Brooke Brumbelow, ext. 3528
Program Director

Nicole Rossi, ext. 3529
Program Director

Amy Miller, ext. 3530
Program Director

Susan Entwistle, ext. 3525
Child Care Registrar

Three ways to register:

1. Mail completed forms and fees to the YMCA. All participants must have either a Program or a Facility Membership.
2. FAX completed forms to the YMCA office at 770-664-0337 (8:00 a.m. – 5:00 p.m., Monday – Friday). You must include a VISA/Master Card/Discover/American Express card account number and expiration date. **Please include current immunization records.** Please call and confirm receipt of fax.
3. Register in person at the YMCA office (8:00 a.m. – 8:00 p.m., Monday – Friday; 8:00 a.m. – 5:00 p.m., Saturday).

Fees Required:

YMCA Program Membership (annual):

Individual **\$25.00** or Family (2+ children) **\$35.00** _____

First Week's Program Fee (per child) **\$65.00** + _____

Total Fee Paid: \$ _____

Method of Payment:	<input type="checkbox"/> Check
	<input type="checkbox"/> Credit Card: Name on Card: _____ Card #: _____ Exp. Date: _____
	Signature: _____ Amount Authorized: _____

CHILD'S PERSONAL HISTORY

School: _____

Date Starting Program: _____

Child's Name: _____ Called: _____ Ethnicity: _____

Birth Date: _____ Sex: _____ Age: _____ Grade: (circle one) K 1 2 3 4 5 Years In Prime Time: _____

Home Phone: _____

Address/Apt. #/City/Zip: _____

With whom does the child live: _____ E-mail address: _____

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: _____

EMERGENCY & HEALTH INFORMATION

I give permission to the Prime Time 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
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NAME	RELATIONSHIP	PHONE
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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? _____

Name current medication (s) and give instructions: _____

List Allergies: _____ Are immunizations current ___ Yes ___ No

PARENT PICKUP AUTHORIZATION

Our YMCA Prime Time 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 after school program and release from the YMCA Prime Time After School Program.

Parent/Guardian's Signature

Date

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

- _____ 1) The Prime Time 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 Prime Time Program Director, parents are responsible for fees.
- _____ 2) Please note that the sites close promptly at 6:30 p.m.. A late fee of \$5.00 will be charged for **every** 5minutes starting at 6:31 p.m.. Late charges will be automatically charged to your account. If pick-up is not made by 7:15 p.m., the YMCA will notify DFACS.
- _____ 3) Children may not attend Prime Time if they are ill. Arrangements must be made for immediate pick-up if you are called.
- _____ 4) 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.
- _____ 5) If medication needs to be distributed, please contact your Program Director so arrangements can be made.
- _____ 6) 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.
- _____ 7) Prime Time will be cancelled if Fulton County Schools close due to inclement weather or any emergency. Please call the Weather Hotline, 404-818-9008, for closing information.
- _____ 8) If Fulton County Schools close early, Prime Time will be closed. All children must have an alternate pick up or care at time of dismissal.
- _____ 9) The YMCA will only release children to adults authorized on the pick up list. Adults listed **must** be **18** years or older.
- _____ 10) 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 - \$25 individual or \$35 family.
- _____ 5) Payment of monthly child care fees is the responsibility of the parent/guardian. Payment reminders will be mailed; 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 Prime Time Registrar for details.
- _____ 6) If you cancel the program before July 31, 2009, your membership and first week's payment are refundable. If you cancel between August 5 - September 4, 2009 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 **5th** of each month, a late fee of \$10.00 will be automatically assessed and participants may be withdrawn.

The monthly fee is based on a (\$65.00) per week, per child, charge. 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. To be eligible, parents must complete the financial assistance form bi-annually, providing all the required documentation. The regular fee must be paid until scholarship approval is given.

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.

Parent/Guardian's 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 CLOSING

Student's Name: _____

Student's Teacher: _____

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

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

- Bus (provide bus number) _____
- Picked up at school by parent
- 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 Prime Time closes, my child will be sent home in the manner that I have indicated above:

Parent's Signature & Date



PARTICIPANT NAME: _____

NAME OF PROGRAM: _____

ED ISAKSON/ ALPHARETTA YMCA
RELEASE, INFORMED CONSENT AND WAIVER AGREEMENT FOR FACILITY EVENT PARTICIPANTS

OUR PROMISE TO YOU

The Ed Isakson/ Alpharetta YMCA endeavors to provide a safe environment for you, your family and your guests. The YMCA provides exciting life changing 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 these risks and to ask that you assume certain responsibilities for your decisions and actions.

FOR YOUR HEALTH

I understand that I am engaging voluntarily in YMCA exercise, physical activity and /or recreational programs.

REGARDING YOUR CONDUCT

I will not bring weapons, controlled substances or alcohol on YMCA premises.

I understand that use of violence, noise, force, 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 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 the termination of my participation in the program.

YOUR CONSENT AND RELEASE

I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees and volunteers from any loss, liability, claim of bodily injury, 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. This agreement will be governed by the laws of the state of Georgia.

I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes. X_____ (initial to decline)

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

If Minor:

Signature of Parent or Guardian

Name (Please Print)

Date

Address

City

Zip Code

Emergency Contact Name

Relationship

Phone

