



Afterschool Registration 2016-17 at Celeste Location
YMCA of Greenville and Hunt County

Afterschool Site Name: Celeste	Start Date:	Days of Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Bus from (if applicable):	End Date:	Type of Care: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (3 days or less) <input type="checkbox"/> Part Time
Does participant have a YMCA Membership? <input type="checkbox"/> YES <input type="checkbox"/> NO		
School attending:		

Child's Name:	Date of Birth: ___/___/___ Gender: Male or Female	Age:	Grade in Fall 2016:
Child's Address:	City/State/Zip:	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard <input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Social Media (Facebook, Twitter, etc) <input type="checkbox"/> Family/Friend Referral:			

Primary Parent/Guardian Contact Information MOTHER OTHER:

Primary Parent/Guardian Name:	Date of Birth: ___/___/___ Gender: Male or Female	Cell#: Home#: Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	May the Y release to non-custodial Parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other:
Email Address:	Driver's License#:	

Secondary Parent/Guardian Contact Information FATHER OTHER:

Secondary Parent/Guardian Name:	Date of Birth: ___/___/___ Gender: Male or Female	Cell#: Home#: Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
Email Address:	Driver's License#:	

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #:

Additional Authorized Pick Up (other than parents):

Name:	Address:	Phone#:	Driver's License#:
Name:	Address:	Phone#:	Driver's License#:
Name:	Address:	Phone#:	Driver's License#:



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HEALTH

SEVERE/LIFE-THREATENING ALLERGIES - Please list any food, environmental or other allergies which are severe, life-threatening or require emergency medication:

SPECIAL CONSIDERATIONS/NEEDS - Please list any SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, any medication prescribed for long-term continuous use and any other information which caregiver's should be aware of:

REQUIRED MEDICATIONS* - Please list any prescription medications which require administration during program hours or during emergency situations:

- *PLEASE NOTE OUR MEDICATION POLICIES:**
- Non-Prescription medications REQUIRE WRITTEN NOTE AND INSTRUCTIONS by a physician
 - We require a MEDICATION FORM signed by parent(s) for any medication.
 - Medication must be CURRENT. We will not accept or administer expired medications.

***PLEASE NOTE OUR MEDICATION POLICIES (continued):**

- We require medication to be in its ORIGINAL CONTAINER.
- We allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the PRESCRIBING PHYSICIAN'S WRITTEN PERMISSION.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician or Emergency-Care Facility: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Afterschool Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

ADMISSION

INITIAL	<u>Transportation:</u> I give permission for my child to be transported in an authorized YMCA vehicle for YMCA events, field trips or to the YMCA Afterschool Program location. Parent/Guardian will be informed of all planned field trips.
INITIAL	<u>Water Activities:</u> I give permission for my child to participate in water activities during program hours at predetermined time.
INITIAL	<u>Movies:</u> I give permission for my child to view a Director approved G and PG movies, though it is not part of regularly scheduled lesson plans.
INITIAL	<u>Policies and Procedures:</u> I have received and have read a copy of the YMCA Afterschool Parent Handbook and understand all policies and procedures therein.
INITIAL	<u>Immunization Hearing & Vision Screening:</u> I certify that my child's current immunization records and TB test (if applicable) can be located at the school my child is currently attending.
INITIAL	<u>Hours of Care:</u> I understand that I will be charged an additional \$1.00 every minute I am late after close of site.
INITIAL	<u>Custody:</u> YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT
INITIAL	<u>Photo Release:</u> The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	<u>Behavior Policy:</u> I have read and understand the YMCA Afterschool Behavior Policy in the Parent Handbook.
INITIAL	<u>Absences:</u> I understand that it is my responsibility to notify the YMCA by 1pm daily if my child will not attend the program that day. I understand I must call the designated YMCA Site Phone.
INITIAL	<u>YMCA Program Closures:</u> I understand that the YMCA Afterschool Program will be closed on select holidays according to the location. I further understand during inclement weather the YMCA will not refund or pro-rate the weekly fee.

I have read the Admission Agreement and fully agree to its terms. I have also read and accept the policies and procedures listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Greenville and Hunt from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date: _____



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PAYMENT

Program Site:		Participant Name:
INITIAL	I understand I must pay by draft and I will be charged on the due dates listed on the payment schedule. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and may owe a return fee of \$25.00 per item to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.	
INITIAL	I understand payments are due on Friday for the next week of Afterschool Care. It is my responsibility to notify the YMCA of any changes to my situation or tuition plan/payment.	
INITIAL	I understand if my payments are one draft behind I will be dis-enrolled from the YMCA Afterschool Program.	
INITIAL	I understand if my draft returns, I have until Monday which is 3 days after payment due by 4pm to take care of my past due balance or my child will be removed from the program.	
INITIAL	I agree to give a two week written notice to the YMCA if I plan to exit the program. I will complete a change form to cancel at this time. If I fail to give a two week written notice, or contact the Child Care Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw.	
INITIAL	I understand if I cancel the YMCA Afterschool Program and my account has a past due balance, the balance will be drafted at the time of cancellation.	
INITIAL	I understand Registration fees are non refundable or transferable. The registration fee is only waived only if you sign up for Summer Camp Program at any of our 3 locations. I further understand if I choose to register I will have to pay the registration fee.	
INITIAL	I understand that my payment is drafted on Fridays based on the YMCA Weekly Payment Schedule. I also understand that the YMCA will not draft on the following days due to School Holidays unless my account is past due: Thanksgiving break, Christmas break and Spring Break.	
INITIAL	I understand the YMCA will continue to draft outstanding balances until the past due amount is paid in full.	

WEEKLY DRAFT ACCOUNT

CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT

Circle:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Circle:	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> PRE-PAID CARD
Circle:	<input type="checkbox"/> CCS Assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Card Number:	Exp. Date: ____ / ____ / ____
	3 OR 4 digit Security Code: ____

Name on Card/Account: _____

Billing Address: _____

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my YMCA of Metropolitan Dallas program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____



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WEEKLY DRAFT PAYMENT

Program Site:		Participant Name:	
Week of:	Due Date:	Week of:	Due Date:
August 22 th	August 19 rd	January 30 th	January 27 th
August 29 th	August 26 th	February 6 th	February 3 st
September 5 th	September	February 13 th	February 10 th
September 12 th	September 9 th	February 20 th	February 17 th
September 19 th	September 16 th	February 27 th	February 24 nd
September 26 th	September 23 rd	March 6 th	March 3 st
October 3 rd	September 30 th	March 13 th	Spring Break
October 10 th	October 7 th	March 20 th	March 17 th
October 17 th	October 14 th	March 27 th	March 24 nd
October 24 th	October 21 th	April 3 rd	March 31 th
October 31 st	October 28 th	April 10 th	April 7 th
November 7 th	November 4 th	April 17 th	April 14 th
November 14 th	November 11 th	April 24 th	April 21 th
November 21 st	Thanksgiving week	May 1 st	April 28 th
November 28 th	November 25 th	May 8 th	May 5 rd
December 5 th	December 2 th	May 15 th	May 12 th
December 12 th	December 9 th	May 22 nd	May 19 th
December 19 th	Christmas week		
January 2 nd	December 30 th		
January 9 th	January 6 th		
January 16 th	January 13 th		
January 23 rd	January 20 th		

Payment due dates are based on the weeks most schools are in session, excludes 4 weeks [Thanksgiving Break, Winter Break & Spring Break]. The YMCA Afterschool Program will not operate during the 4 weeks stated above, unless we are operating Holiday Camp. Holiday Camp will be offered at select campuses.

****Your Account will not draft during holiday weeks unless you have a past due balance on your account.

YMCA Afterschool Program will be closed on the following dates (no Holiday Camps available):

If campuses are close due to Holiday, In-services and if the YMCA has a holiday, the program will be close as well.

Parent/Guardian Signature: _____ Date: _____
