



**HAYES-TAYLOR YMCA
2017-2018 AFTERSCHOOL REGISTRATION**

**IMMUNIZATION RECORDS, \$30.00 DEPOSIT AND 1ST WEEK'S FEE DUE UPON REGISTRATION
ALL SECTIONS MUST BE COMPLETED IN THEIR ENTIREITY
ALLOW 15 MINUTES PER APPLICATION FOR REGISTRATION**

PLEASE PRINT CLEARLY *Denotes Required Information

Child's Name: _____ Age: _____ Date of Birth: _____ Gender: _____
Address: _____ City: _____ State: _____ Zip _____
Allergies: _____
School: _____ Grade 2017-2018: K 1st 2nd 3rd 4th 5th 6th 7th

*Parent/Guardian 1 Name: _____ Relation: Mother Father Other: _____
Address: _____
*Cell Phone: (____) _____ Home Phone: (____) _____
Employer: _____ Work Phone: (____) _____
*E-mail: _____

Parent/Guardian 2 Name: _____ Relation: Mother Father Other: _____
*Cell Phone: (____) _____ *Home Phone: (____) _____
Address: _____
Employer: _____ Work Phone: _____
*E-mail: _____

Child Lives with (circle): Mother Father Both Other: _____

*Payment Method: (circle) Private Pay DSS Voucher Other: _____

***SWIM LEVEL** (circle)

Non-Swimmer (Red) Shallow (Yellow) Strong (Green)

***EMERGENCY INFORMATION**

*Non-parent Contact: _____ Phone: _____ Relationship: _____
*Non-parent Contact: _____ Phone: _____ Relationship: _____
*Primary Doctor: _____ Phone: _____
*Preferred Hospital: _____ Phone: _____

AUTHORIZED PICK-UP

Please list individuals who are 16 years or older and can pick your child up (Identification Required)

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Unauthorized Pick Up: _____



MEDICAL INFORMATION

This information is used for the sole purpose of providing emergency care for your child. This information is kept in a locked file in the administrative office.

Primary Insurance: _____ Policy# _____ Group# _____

Secondary: _____ Policy# _____ Group# _____

Primary Dentist: _____ Phone: _____

Specialists: _____ Phone: _____

Relevant Medical Conditions:

Restrictions:

Medications:

Does your child have special needs? Yes No If yes, please explain: _____

Does your child have any particular fears? Yes No If yes, please explain: _____

Does your child have any of the following? (circle)

ADHD ADD ODD Asthma Autism Down Syndrome Seizure Disorder Behavior Disorder

OTHER

If so, please provide special instructions (additional forms are required for medications):



DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and Positive Reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

THE STAFF AT HAYES-TAYLOR YMCA:

- | | |
|---|--|
| <ol style="list-style-type: none">1. DO praise, reward, and encourage the children2. DO reason with and set limits for the children.3. DO model appropriate behavior for the children.4. DO modify the classroom environment to attempt to prevent problems before they occur.5. DO listen to the children6. DO provide alternatives for the children.7. DO provide the children with natural and logical consequences of their behaviors.8. DO treat the children as people and respect their needs, desires, and feelings.9. DO ignore minor misbehaviors.10. DO explain things to the children on their levels.11. DO use short supervised periods of "time out".12. DO stay consistent in our behavior management program. | <ol style="list-style-type: none">1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.3. DO NOT shame or punish the children when bathroom accidents occur.4. DO NOT deny food or rest as punishment.5. DO NOT relate discipline to eating, resting or sleeping.6. DO NOT leave the children alone, unattended, or without supervision.7. DO NOT place the children in locked rooms, closets, and boxes as punishment.8. DO NOT allow discipline of children by children.9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, ethnic groups, or disabilities. |
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I have read and understand the YMCA behavior policy. I understand that I can ask for clarification of these policies. I understand that the YMCA is a mandated reporter of suspected child abuse or neglect.

Parent/Guardian Signature _____ Date: _____



STATEMENTS OF UNDERSTANDING

I, _____ (parent/guardian) of _____ give my permission to Hayes-Taylor YMCA for my child to:

PLEASE INITIAL:

_____ I give my child (child's name) _____ permission to be transported on the YMCA bus from (school) _____ to the YMCA in the afternoon.

_____ My child will be transported and has my permission to be transported on YMCA vehicles to scheduled field trips and outings. I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

_____ To play outside and inside of fenced areas such as parks and open fields. I also give permission for my child to play in the YMCA gym. I understand that my child will not play in areas that are hazardous to their safety. And I understand that the child to staff ratio is 1:19 therefore my child will be supervised adequately.

_____ To swim at the scheduled times in the swimming pool at Hayes-Taylor YMCA. I understand that there will always be a lifeguard on duty when my child is swimming. I also understand that the staff to child ratio while swimming is 1:13 for children. I understand that there is 1 staff member in the pool with children at all times and 1 staff member walking around the pool at all times. I understand that swimming will only be available when staff child ratios can be maintained.

(NO 2- piece swimsuits or street clothes allowed in the pool).

I UNDERSTAND THAT:

_____ That the YMCA after school program is not the best fit for every child. I understand that the staff will make every effort to help all children become acclimated to the program. In the event that the staff, director or my efforts are not effective then my child may be removed from after school program. I understand that I will be reimbursed all fees paid, less the deposit, for the weeks my child did not attend.

_____ That in the event that an item is broken or destroyed during the after school program by my child; I am responsible for replacing the broken item. Normal wear and tear is expected of materials but the purposeful breaking or destroying of YMCA property will result in the replacement of the item or the child's removal from the program.

_____ I understand that all payments for after school are due each Friday and a \$15.00 late fee is applied to balances paid after Tuesday of each week. Nonpayment will result in removal from the program.



STATEMENTS OF UNDERSTANDING

(continued)

_____ All meals are provided for full day programs and snack is provided for after school. If I decide to send my child with a meal or snack it must meet the YMCA HEPA standards as outlined in the YMCA after school handbook. If an item does not meet the YMCA HEPA standards it will be taken and given to the parent/guardian at the end of the day. If a child's meal does not have all of the components of meal as outlined in the YMCA handbook, the YMCA will provide the missing component. Use of the vending machine is prohibited.

_____ The YMCA regularly uses Barber Park and Gateway Gardens as activity areas. I give my child permission to visit either of those places for the after school or full day program.

_____ Use of personal electronics is prohibited during after school. This includes: cell phones, handheld gaming devices, tablets, etc. If seen these items will be confiscated and given to the parent or guardian at the end of the day. The YMCA is not responsible for lost or stolen items.

_____ I understand that as long as my child is enrolled in the after school program the full weekly fee is due regardless of attendance for the week. The after school program will only pro rate Christmas Break and Spring Break. Drop in care is only available for the full day program.

_____ I understand that my child must be picked up by 6:00pm. I will be charged a late fee of \$1.00 a minute per child after 6:05pm. This fee is due before the child can attend afterschool the next day.

_____ I understand that I am to be respectful of the YMCA property and its employees. If at any time my behavior or my child's behavior threatens the well-being of any program participant or staff member; me or my child can be escorted off of the YMCA property and removed from the program. I understand that at no time am I allowed to speak with or discipline a child that is not my own. This behavior will result in removal from the program.

_____ I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed with the center and must provide photo ID. I understand that should a person arrive to pick up my child (ren) who appears to be under the influence of drugs or alcohol, for the child (ren)'s safety, staff may have no recourse but to contact the police.

_____ I understand that the Hayes-Taylor YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I understand that I must register separately for the full day program at the Hayes-Taylor YMCA branch.

_____ I understand that I am to provide a 2 weeks' notice in writing if my child is going to longer attend the after school program. If a two-week notice is not given the parent/guardian is still responsible for the weekly fees. *If my child is on vacation or absent, weekly fees are still required to retain their enrollment.*

Child's Name _____

Parent/Guardian's Name (PRINT) _____

Parent/Guardian Signature _____ Date _____



PAYMENT SCHEDULE

		Member	Non Member		
	*Registration Fee	\$25.00	\$30.00		
	*Weekly Fee	\$50.00	\$60.00		
	Total Due Upon Registration				
Teacher Workday & Holiday Program Registration \$15.00 Deposit Required to Secure Space Full Payment due 1 week in advance or space is forfeited Deposit is deducted from full amount due.					
Select Dates	<i>Guilford County Schools/ Gate City Charter Academy</i>	Member Deposit	Member Full Amount	Non Member Deposit	Full Amount
	GCS October 30 th , 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCity November 3, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCity November 9, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCS/GCity November 22, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCS/ GCity December 21, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCS/GCity December 27, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCS/GCity December 28, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCS/GCity December 29, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCS/GCity January 2, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCS January 23, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCity January 24, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCity February 2, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCS February 19, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCity March 29, 2017	\$15.00	\$25.00	\$15.00	\$30.00
	GCS April 2, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCS April 3, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCS April 4, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCS April 5, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCS April 6, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	GCity April 16, 2018	\$15.00	\$25.00	\$15.00	\$30.00
	Total for Full Day Program				

Full Days follow the Traditional Guilford County School Schedule and the Gate City Charter School Calendar.

Additional Program Options:

McKnight Tutoring Services: \$40.00 per month.

UniKids-Unicycle Program: \$80.00 for 6-week session

Step Team: \$20.00 per 9 weeks

First Lego League: TBD



RELEASE AND WAIVER OF LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Note: Hayes-Taylor YMCA carries liability insurance but health/accident insurance is the sole responsibility of the parent/guardian.

I agree that I must hold health/accident insurance on my child and that I must provide this information to the YMCA. If I am unavailable in the event that my child needs medical attention, I hereby give permission to the YMCA staff of any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses.

I give my child permission to play inside and outside of fenced areas, to be transported on any trips or outings, and to swim at the YMCA pool on the designated swim days. My child is physically fit to participate in the Hayes-Taylor after school program and has my permission to do so.

If in an event that my child needs medical attention, I hereby give permission to the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses. I have read and understand the YMCA discipline policy; and I have received a copy of the NC Child Care Laws and Rules, and I have received a copy of the Hayes-Taylor after school parent handbook.

Parent Signature _____ Date _____