Reidsville Family YMCA
After School Registration Form
2019-2020 School Year

Child’s full name:

Kindergarten - 5th Grade:

___ After School with All Days – Full Time

___ After School Only – Full Time

___ After School Only – Part Time (3 days per week) -Please check below which 3 days your child will be attending (limited capacity):

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>

*Please Note* Cancellations: Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I understand that I am required to give a 30 day written notice prior to removing my child from the program. Attention – Maggie McCann: maggie.mccann@ymcagreensboro.org

Bank draft participants: I understand that I must cancel, in writing, 30 days prior to date of bank draft in order to stop payment. Attention – Maggie McCann: maggie.mccann@ymcagreensboro.org

Parent’s Signature ________________________ Date ______________
Reidsville Family YMCA
After School 2019–2020

Activities include
- Homework time
- Snack
- Arts and Crafts
- Character Building
- Sports/health/fitness activities
- Monthly swimming
- And More!

Schools Serviced
- Williamsburg Elementary
- South End Elementary*

* South End students may be transported to Williamsburg Elementary depending on size of program.

Hours of Operation
Monday–Friday 2:45–6:00pm.

*A late fee will be charged for any pickup after 6:00pm. The charge will be $15 for every 5 minutes late.

Registration Fees: $15 per child; $30 max per family due at time of registration

<table>
<thead>
<tr>
<th></th>
<th>1st Child</th>
<th>Additional Children</th>
<th>Williamsburg &amp; South End Faculty/Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member – After school only</td>
<td>$160</td>
<td>$155</td>
<td>$96</td>
</tr>
<tr>
<td>Non Mem – After school only</td>
<td>$185</td>
<td>$180</td>
<td>$111</td>
</tr>
<tr>
<td>Member – Part Time After school only</td>
<td>$110</td>
<td>No Discount</td>
<td>No Discount</td>
</tr>
<tr>
<td>Non Mem – Part Time After school only (3 days)</td>
<td>$125</td>
<td>No Discount</td>
<td>No Discount</td>
</tr>
<tr>
<td>Member – With all days</td>
<td>$185</td>
<td>$180</td>
<td>$111</td>
</tr>
<tr>
<td>Non Mem – With all days</td>
<td>$225</td>
<td>$220</td>
<td>$135</td>
</tr>
</tbody>
</table>

*The monthly fee is due by the 15th of each month or a $10 late fee will apply.
**There are 10 monthly payments; August–May.
***Shorter months due to holidays will not be prorated.
****The monthly draft is drafted on the 15th of the month. The first payment covers childcare until September 15th. Automatic draft payments will not start until September 15th.
*****If registering after the start of school, the full payment will be due and Program staff will inform you of the prorated amount for the next payment.
Reidsville Family YMCA
After School 2019-2020 Application

Grade Level Fall 2019 (Circle one)  K  1  2  3  4  5

______________________________ _________________ ______________
Child’s First Name       Child’s Last Name       Preferred Name

_________________________ ____________________ ______________
Birth date       Age       Gender       School

Home Address: ___________________________________________________

Parent/Guardian #1 Name: ________________________________

E-mail Address: __________________________________________

Home Phone:________________________ Cell phone:________________________ Work Phone:________________________

Home Address: ___________________________________________________

Parent/Guardian #2 Name: ________________________________

E-mail Address: __________________________________________

Home Phone:________________________ Cell phone:________________________ Work Phone:________________________

Home Address: ___________________________________________________

Emergency Contacts & Alternate Pick-Ups:
* You must list at least two (2) emergency contacts not listed above
** Individuals are allowed to pick up your child until a written request is made to remove any names listed
*** If the name is not listed, they will NOT be allowed to pick up your child unless they know the pick up password

Name: ___________________________ Phone: ___________________________
Relationship to child:________________________

Name: ___________________________ Phone: ___________________________
Relationship to child:________________________

Name: ___________________________ Phone: ___________________________
Relationship to child:________________________
Emergency Information:

(If none write “N/A”)

Medications**: ___________________________ Allergies: ___________________________

Food Allergies: _______________________________________________________________

Behavior Concerns: ____________________________________________________________

Special Needs: _______________________________________________________________

Preferred Hospital: ___________________________________________________________

Doctor’s Name: __________________ Doctor’s Phone: _____________________________

Special circumstances/requests: _______________________________________________

**If yes please see Maggie McCann for Medication Form

Travel Authorization

I, _____________________________ (parent/guardian) of __________________________________ give my permission to Reidsville Family YMCA for my child to:

Please Initial:

_____ 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.

The YMCA cannot guarantee that transportation will be available from every school in our service area. Transportation decisions are made at the beginning of the school year and consider both the proximity to an existing bus route and the number of children participating from that school. The YMCA will consider offering transportation from any school location on or near an existing bus route with a minimum of five after-school program registrations from children at that school as of the beginning of the school year. If registrations drop below the minimum of three children at any point in the school year, the YMCA reserves the right to cancel transportation from that school with a 30-day notice to the parents.

_____ Play outside and inside of areas such as parks and open fields.

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 1:15 therefore my child will be supervised adequately.

Swim Authorization

_____ Swim at the scheduled times in the swimming pool at the Reidsville Family YMCA.

Parent Handbook

_____ I have read and understand the Reidsville Family YMCA After School Parent Handbook.

__________________________   _________________________
Parent Signature                  Date
RELEASE AND WAIVER OF LEGAL 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 decide 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(ren) 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.

(6)I agree for my child’s grades and performance in school to be tracked for funding and informational purposes.

_______________________________
Applicant or Parent/Legal Guardian Signature

_______________________________
Date
Reidsville Family YMCA
After School Draft Agreement

I authorize the Reidsville Family YMCA to withdraw my child(ren)’s After School child care payment by monthly draft:

Child(ren)’s Name(s): ____________________________________ & ____________________________________
_____________________________________ & _______________________________________

After School Program: ______ After School w/All Days ______ After School Only
____ Part-Time After School Only

Parent/Guardian Name: ________________________________________________________________

Payment Option: ______ Credit Card draft

Name as it appears on card: ______________________________________________________________
Account # as it appears on card: _______________________________________________________
Expiration Date: ___________________________ Billing Zip Code: _______________________

Payment Amount: $________________________ Draft Date: 15th of every month

Draft Agreement (please initial each statement and sign the bottom)

____ I understand that the monthly draft for my child’s after school payment will be withdrawn on the 15th of every month or following business day.

____ If I join the After School program after the 15th of the month, I understand that I will pay the listed rate and the following month will be prorated.

____ In the event that I discontinue the After School program, I understand that I must cancel, in writing, 30 days prior to date of draft in order to stop payment.

____ I understand that if for any reason the draft does not go through, I am still responsible for that payment plus a $20 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card may charge.

____ I understand that automatic draft payments will not start until September 15th.

Parent/Guardian’s Signature: __________________________________________________________Date: __________
Reidsville Family YMCA After School Program Enrollment Form

*Parent: Please give to your child’s teacher*

Name of Student: ________________________________

Grade: __________________________

Teacher: ________________________________

First Day of Attendance: ______________________

Will be attending the Reidsville Family YMCA After School Program at _____________________ elementary school.

Please direct student to the appropriate location on campus.

Thank You!