



Updated 7/12/19

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):

Monday	Tuesday	Wednesday	Thursday	Friday

***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

	1st Child	Additional Children	Williamsburg & South End Faculty/Staff
Member – After school only	\$160	\$155	\$96
Non Mem – After school only	\$185	\$180	\$111
Member – Part Time After school only	\$110	No Discount	No Discount
Non Mem – Part Time After school only (3 days)	\$125	No Discount	No Discount
Member – With all days	\$185	\$180	\$111
Non Mem – With all days	\$225	\$220	\$135

*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(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.

(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



ID # _____

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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!