2019–2020 Eden YMCA Afterschool

**Objective:** Your child will participate in a healthy and safe environment! Our counselors encourage respect for self and others, trust, honesty, and self-confidence.

**Goals:** To help children develop to the fullest of their God–given potential; to strengthen the family unit; to provide a safe, caring and fun environment; to provide a growth–oriented experience based on each child’s needs and abilities; to emphasize and educate the importance of health and fitness.

**Age:** Kindergarten through 5th grade.

**Activities:** Creative time, homework assistance, computer, fitness, values education, team building and daily snack.

**Hours of Operation:** Afterschool care will operate from school dismissal until 6:00 p.m. After 6:00 p.m., your child will be taken to the YMCA by the counselor from the site and a late fee will be charged (see program fees). The program will remain open on teacher workdays, some snow days (see snow policy) and most holidays from 7:00 a.m. until 6:00 p.m. at the YMCA site if we have a minimum of 12 participants. You must register your child to participate on teacher workdays, some snow days and most holidays if you plan to use care on those days.

**Transportation:** Afterschool care takes place at the participating school sites. Should schools decide to close early, we may be asked to transport childcare participants to the YMCA.

**Registration:** All paperwork must be received before your child may begin the program. Paperwork and payment must be received the week prior to your child starting. A one–time, non–refundable registration fee of $15.00 is due upon registration. A minimum of 12 students per school is required for operation.

**Program Fees:**
- Afterschool / Part–time / 3-days: $35.00 Weekly
- Afterschool / Part–time Plus (includes Teacher Workdays, snow days, and Ro. Co. School Calendar Holidays) $45.00 Weekly
- Afterschool / Full–time / 5 days: $50.00 Weekly
- Afterschool / Full–time Plus (includes Teacher Workdays, snow days, and Ro. Co. School Calendar Holidays) $60.00 Weekly

- Fees are due the Friday before the week attending or a $10.00 late fee will be added.
  - For example, if your child is coming Week 1, (August 26th–August 30th) then payment is due in full on Friday August 23rd. If payment is received after August 24th, a $10 late fee will be added.

- **Financial assistance is available, based on need.** The YMCA actively seeks to identify and involve those in need. The YMCA’s goal is to turn no one away due to financial reasons.

- All children must be picked up by 6:00 p.m. or a $30.00 late fee will be added for each 15–minutes thereafter.

- There will be a $10.00 fee each time you don’t sign your child out.

- No childcare services on YMCA Holidays or some snow days (see Snow Policy).

**Locations:** The Eden YMCA Afterschool program will operate at four separate sites: Central and Leaksville–Spray. If school is closed and your child is registered to attend on teacher workdays snow days and holidays, then all sites attend the YMCA. On early release days, children remain at the school site unless the school requests otherwise (See Transportation). The availability of sites requires an average daily attendance.

**Snow Policy:** Check WFMY News 2 for YMCA opening and closing times. If the YMCA opens at 9:00 a.m. or later, there will be no childcare, that day. Your child must be registered for snow days in order to come to the Y on snow days.

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the Eden Family YMCA is to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.
2019-2020 Eden YMCA Afterschool
ENROLLMENT FORM

CHILD INFORMATION
Circle Grade Entering in the Fall:  K  1  2  3  4  5

Circle School Attending:  Central  Leaksville-Spray

PLEASE CHECK THE CARE NEEDED FOR YOUR CHILD  (check all that apply):

____  Afterschool / Part-time / 3-days:  $35.00 Weekly
____  Afterschool / Part-time Plus (includes Teacher Work days, and Ro. Co School Holidays)  $45.00 Weekly
____  Afterschool / Full-time / 5 days  $50.00 Weekly
____  Afterschool / Full-time Plus (includes Teacher Work days, and Ro. Co School Holidays)  $60.00 Weekly

Child’s Name:  

___________________________________________

Last  First  Middle  [Circle Name to be Called]

Address __________________________________________

City/State/Zip _______________________________________

Gender ____________________ Birth Date __________________ Age________________

Doctor’s Name/Phone _______________________________________

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

Does your child have any allergies? Yes  No  If yes, please explain: ________________________________

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

Does your child have any medical conditions we should be aware of? Yes  No  If yes, please explain: ________________________________

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the YMCA is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.
INSURANCE
Insurance Company ____________________________________________
Insured’s Name ________________________________________________
Policy # ___________________________ Group # _______________________

PARENTS
Mother’s Name ___________________________ Father’s Name ___________________
Address ______________________________________________________
Employer ___________________________ Employer _______________________
Cell Phone ___________________________ Cell Phone _______________________
Home Phone ___________________________ Home Phone _______________________
Work Phone ___________________________ Work Phone _______________________
Email _______________________________ Email _____________________________

CUSTODY
Legal Status of Custody ____________________________________________

PICK-UP
List at least two people allowed to pick up child (in addition to parents) and their phone numbers:
1. ______________________________________________________________
2. ______________________________________________________________
* List people NOT allowed to pick up child
(If a parent is not allowed to pick up a child, then the Y must have a copy of court papers!)
_____________________________________________________________

In case of emergency, non-parent contact
(Parents will be contacted first and then the person listed will be contacted)

Name: __________________________________________________________
Relationship: ___________________________ Phone ________________________

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the YMCA is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.
AUTHORIZATIONS

I, ______________________ (parent/guardian) of __________________________ give my permission to Eden Family YMCA for my child to:

Please Initial:
_____ Be transported on YMCA vehicles to the YMCA. 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 areas such as parks and open fields. I understand that my child will not play in areas that are hazardous to their safety.

PARENT FEES

Please Initial:
_____ *All payments are due each week on Friday for the following week. For example, if your child is coming Week 1, (August 27th- August 31st) then payment is due in full on Friday August 24th. If payment is received after August 24th, a $10 late fee will be added.

_____ *Any returned check received by the YMCA is subject to a $20 service charge. All returned checks must be paid within 5 working days of notification of the returned check. The payment of a returned check must be made using cash or debit card.

_____ *Afterschool hours of operation are school dismissal until 6 P.M. All children need to be picked up from the program no later than 6:00pm. For every 15 minutes that the child remains in the program after 6:00pm, there will be a $30 late fee applied. Late fee must be paid when you arrive to pick up your child.

_____ *I understand that my $15 registration fee is non-refundable and non-transferable.

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the YMCA is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.
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 Eden Family YMCA, 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 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 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 my 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.

6) **ACADEMIC PERFORMANCE TRACKING RELEASE:** I agree for my child’s grades and performance in school to be tracked for funding and informational purposes.

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

Applicant or Parent/Legal Guardian Signature ___________________________ Date ___________________________

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the YMCA is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.
BEHAVIOR EXPECTATIONS AND DISCIPLINE

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definition of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:
1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child’s behavior is expected to be consistent with the following:
1. Use appropriate language at all time.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas; running away is not acceptable.
6. Participate successfully within the YMCA staff-child ratios specific for each program.

The Discipline Policy
1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectation, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate), the parent(s)/guardian and the program director.
3. If the child’s behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

Behaviors, which may result in immediate dismissal, include but are not limited to:
1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff. Prohibited conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, shouting, name calling, bullying or intimidation.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substance unless under the prescription of a doctor.
7. Running away
8. Biting

I, the undersigned parent or guardian of ________________________________ (child’s full name), do hereby state that I have read and understand the Eden Family YMCA After School Discipline and Behavior Management Policy.

Signature of Parent or Guardian ________________________________ Date: __________________

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the YMCA is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.
MEDICATION ADMINISTRATION AUTHORIZATION

If the Eden Family YMCA will be administering medication:

I, ____________________________________________________________, authorize the YMCA to administer the following medications to my child at the following times and dosages while attending the 2018-19 Eden Family YMCA After School:

Medication: __________________________ Dosage: _______ Time(s): _______

Medication: __________________________ Dosage: _______ Time(s): _______

Epi Pen: _______________________________________________________

Special Instructions: ____________________________________________

_________________________________________________________________

Does your child have any allergies? Please list.
_________________________________________________________________

_________________________________________________________________

Parent/Guardian Signature: ___________________ Date: _________________

MEDICATION MUST BE IN IT’S ORIGINAL CONTAINER*

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the YMCA is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.
2019-2020 Afterschool Care

Pre-Authorized Payment Agreement

I hereby authorize the Eden Family YMCA to make the following pre-authorized payments for the following child(ren)’s child care account:

Child(ren)’s Name(s): ________________________________  Child(ren)’s Date of Birth(s): ________________

Week(s) payment is authorized for: (Please initial next to authorized weeks)

<table>
<thead>
<tr>
<th>Week</th>
<th>Due Date</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/26/19-8/30/19</td>
<td>8/23/19</td>
<td></td>
</tr>
<tr>
<td>*9/3/19-9/6/19</td>
<td>8/30/19</td>
<td></td>
</tr>
<tr>
<td>9/9/19-9/13/19</td>
<td>9/6/19</td>
<td></td>
</tr>
<tr>
<td>9/16/19-9/22/19</td>
<td>9/13/19</td>
<td></td>
</tr>
<tr>
<td>9/23/19-9/27/19</td>
<td>9/20/19</td>
<td></td>
</tr>
<tr>
<td>9/30/19-10/4/19</td>
<td>9/27/19</td>
<td></td>
</tr>
<tr>
<td>10/7/19-10/11/19</td>
<td>10/4/19</td>
<td></td>
</tr>
<tr>
<td>10/14/19-10/18/19</td>
<td>10/11/19</td>
<td></td>
</tr>
<tr>
<td>10/21/19-10/25/19</td>
<td>10/18/19</td>
<td></td>
</tr>
<tr>
<td>10/28/19-11/1/19</td>
<td>10/25/19</td>
<td></td>
</tr>
<tr>
<td>11/4/19-11/8/19</td>
<td>11/1/19</td>
<td></td>
</tr>
<tr>
<td>*11/12/19-11/15/19</td>
<td>11/8/19</td>
<td></td>
</tr>
<tr>
<td>11/18/19-11/22/19</td>
<td>11/15/19</td>
<td></td>
</tr>
<tr>
<td>*11/25/19-11/27/19</td>
<td>11/22/19</td>
<td></td>
</tr>
<tr>
<td>12/2/19-12/6/19</td>
<td>11/29/19</td>
<td></td>
</tr>
<tr>
<td>12/9/19-12/13/19</td>
<td>12/6/19</td>
<td></td>
</tr>
<tr>
<td>12/16/19-12/20/19</td>
<td>12/13/19</td>
<td></td>
</tr>
<tr>
<td>WINTER BREAK CAMP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WINTER BREAK CAMP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/6/20-1/10/20</td>
<td>1/3/20</td>
<td></td>
</tr>
</tbody>
</table>

Payments will be processed on payment due dates. All payments are non-refundable, and non-transferable.

Name as it appears on card: ________________________________

Account # as it appears on card: ________________________________

Expiration date on card: ____/____  * Please be aware of your card expiration*

Amount authorized per payment (circle one): $60  $50  $45  $35

Card Holder Signature: ________________________________  Date: ___________

Eden Family YMCA
301 S. Kennedy Ave.
Eden, NC 27288
www.edenymca.org

The mission of the YMCA is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.