



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Eden Family YMCA – Afterschool GENERAL INFORMATION

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: Rising kindergarten through 5th grade.

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

Snack: Each afternoon the YMCA will provide a light snack and drink.

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. The program will remain open on teacher workdays, and most holidays from 7:00 a.m. until 6:00 p.m. at the YMCA site.

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. Anyone registering on Monday, Tuesday, or Wednesday may attend the following Monday. Anyone registering on Thursday or Friday may attend the 2nd Monday after registering. A one-time, non-refundable registration fee of \$15.00 is due upon registration.

Program Fees:

Afterschool / Part-time / 3-days:	\$35.00 Weekly
Afterschool / Part-time (includes Teacher Workdays, and Ro. Co. School Calendar Holidays)	\$45.00 Weekly
Afterschool / Full-time / 5 days:	\$50.00 Weekly
Afterschool / Full-time (includes Teacher Workdays, and Ro. Co. School Calendar Holidays)	\$60.00 Weekly
Weekly Camps / members / Winter Break 12/21/16-1/2/17 and Spring Break (4/10-4/17/17)	\$90.00 Weekly
Weekly Camps / non-members / Winter Break 12/21/16-1/2/17 and Spring Break (4/10-4/17/17)	\$100.00 Weekly

- Fees are due the Friday before the week attending or a \$10.00 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 6:00p.m. or a \$30.00 late fee will be added for each 15-minutes thereafter.
- No childcare services on YMCA Holidays (Sep 5th , Nov 24th & 25th).

Locations: The Eden YMCA *Afterschool* program will operate at four separate sites: Central, Douglass, Draper, and Leaksville-Spray. If school is closed, all sites attend the YMCA – snow days, teacher workdays, etc. On early release days, children remain at the school site. 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.

Note: The Eden YMCA Childcare program follows the Rockingham County Consolidated School calendar.

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





MEMORIAL HOSPITAL

117 East Kings Highway
Eden, North Carolina 27288
336-623-9711

EMERGENCY MEDICAL INFORMATION AND IDENTIFICATION

CHILD'S NAME	LAST :	FIRST:	MIDDLE:
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STREET ADDRESS	CITY	STATE	ZIP	BIRTHDATE
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SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE	SOCIAL SECURITY NUMBER
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DAYCARE CENTER OR SCHOOL	SCHOOL PHONE #	HOME PHONE #	DOES CHILD WEAR CONTACT LENSES?
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CONTACT IN AN EMERGENCY	
MOM:	HOME PHONE: WORK PHONE:
DAD:	HOME PHONE: WORK PHONE:
FRIEND OR RELATIVE:	HOME PHONE: WORK PHONE:
FRIEND OR RELATIVE:	HOME PHONE: WORK PHONE:
PERSONAL PHYSICIAN:	PHONE #:
PEDIATRICIAN:	PHONE #:

INSURANCE INFORMATION	
MEDICAL INSURANCE CARRIER	
POLICY #	GROUP #

BRIEF DESCRIPTION OF CHILD	
IDENTIFYING SCARS AND/OR MARKS:	
ADDITIONAL INFORMATION:	
CHILD'S BLOOD TYPE (IF KNOWN)	

CURRENT MEDICATION & DOSAGES	
NAME OF MEDICATION	DOSAGE
(1)	(1)
(2)	(2)
(3)	(3)

ALLERGIES
Please let us know of any allergies child has to food, medications, animals, insects, etc.

HAS CHILD BEEN HOSPITALIZED— [] Yes [] No
If yes, please explain reason, date and hospital:

Please attach forms and send to rtrogdon@edenymca.org
OR FAX to 336-627-9622, Attention: Childcare

EMERGENCY ROOM TREATMENT CONSENT CONSENT FOR EMERGENCY TREATMENT AND HOLD HARMLESS AGREEMENT	
<p>I hereby confirm and acknowledge that all of the information contained herein was provided by me and/or my Legal Guardian or Legal Representative and that said information is to the best knowledge of said providers(s) true, accurate and complete. My use and possession of this form shall constitute my agreement and that of my Legal Representative or Legal Guardian to assume full responsibility for all information and representations contained thereon. Accordingly, in the event of any emergency I hereby consent to request and authorize any qualified emergency personnel including any person licensed to practice the treatment of human ailments to use the information contained herein to provide emergency care and any other treatment essential to protect my child's life.</p> <p>Therefore, I agree on my behalf and on behalf of my heirs, executors and assigns to hold harmless and not to institute any claims or actions legal or otherwise against Morehead Memorial Hospital (its employees, licensors, subcontractors, agents, officers, affiliates, and its successors and/or assigns), including any emergency personnel or other medical personnel, for or in connection with (i) any inaccuracy or omission of information provided herein and (ii) the performance of any service(s) directly or indirectly in connection with this form and any information contained herein.</p> <p>In any event of an emergency, I consent to my child's receiving any medical treatment deemed necessary by the examining physician.</p>	
PARENT OR LEGAL GUARDIAN (please print)	DATE
SIGNATURE	DATE



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MEDICATION ADMINISTRATION AUTHORIZATION

I, _____, authorize the YMCA to administer the following medications to my child at the following times and dosages while attending the 2016-17 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: _____

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Travel Authorization

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

PLEASE INITIAL:

_____ be transported in YMCA vehicles to the YMCA when schools close due to inclement weather, etc.

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 gyms, cafeterias, playgrounds 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 1:12 therefore my child will be supervised adequately.

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 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.
- 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 _____

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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: _____



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2016-17 After School Childcare
Pre-Authorized Payment Agreement

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

Child(ren)'s Name(s): _____

Parent (Guardian)'s Name: _____

Payment Option: (Please indicate the method of payment)

___ American Express

___ VISA

___ MasterCard

___ Discover

___ Debit Card (Check Card w/ VISA or MC logo)

Week(s) payment is authorized for: (Please circle all appropriate months)

Week 1 (Aug 29-Sep2)	Week 2 (Sep 6-9)	Week 3 (Sep 12-16)	Week 4 (Sep 19-23)	Week 5 (Sep 26-30)	Week 6 (Oct 3-7)
Week 7 (Oct 10-14)	Week 8 (Oct 17-21)	Week 9 (Oct 24-28)	Week 10 (Oct 31-Nov 4)	Week 11 (Nov 7-11)	Week 12 (Nov 14-18)
Week 13 (Nov 21-23)	Week 14 (Nov 28-Dec 2)	Week 15 (Dec 5-9)	Week 16 (Dec 12-16)	Week 17 (winter break)	Week 18 (winter break)
Week 19 (Jan 3-6)	Week 20 (Jan 9-13)	Week 21 (Jan 16-20)	Week 22 (Jan 23-27)	Week 23 (Jan 30-Feb 3)	Week 24 (Feb 6-10)
Week 25 (Feb 13-17)	Week 26 (Feb 20-24)	Week 27 (Feb 27-Mar 3)	Week 28 (Mar 6-10)	Week 29 (Mar 13-17)	Week 30 (Mar 20-24)
Week 31 (Mar 27-31)	Week 32 (Apr 3-7)	Week 33 (spring break)	Week 34 (Apr 17-21)	Week 35 (Apr 24-28)	Week 36 (May 1-5)
Week 37 (May 8-12)	Week 38 (May 15-19)	Week 39 (May 22-26)	Week 40 (May 29-Jun 2)		

Unless you are receiving financial assistance.

Name as it appears on card: _____

Account # as it appears on card: _____

Expiration date on card: ___/___ (Month / Year)

Amount authorized per payment: \$ _____

Parent / Guardian's Signature: _____ Date: _____

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