



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR OFFICE USE ONLY:

Completed Registration date: _____

CC21 05FS

FINDING ADVENTURE

SPEARS FAMILY YMCA

After School 2020-2021 Application

Child's Age: (Circle one) 5-6 7-8 9-10 11-12 **SCHOOL:** _____

Child must have completed Kindergarten (or equivalent) at the start of after school

Child's First Name: _____ Child's Last Name: _____

Birth Date: _____ Age: _____ Gender: _____

Home Address: _____

Mother/Guardian Name: _____ **E-mail Address:** _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Mother/Guardian Home Address: _____

Father/Guardian Name: _____ **E-mail Address:** _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Father/Guardian 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)*

Name: _____ Phone: _____ Relationship to child: _____
Name: _____ Phone: _____ Relationship to child: _____
Name: _____ Phone: _____ Relationship to child: _____
Name: _____ Phone: _____ Relationship to child: _____

Emergency Information:

Does your child have a IEP, a 504, or Behavioral Management Plan?
YES NO

Does your child have any of the following diagnosis?
_____ ADD _____ ADHD _____ DD _____ ID
_____ ODD _____ Autism _____ Aspersers _____ Cerebral Palsy _____ Down Syndrome _____ Other

Does your child have any chronic health conditions?

If your child has a chronic health condition that requires medication please check below and complete a Spears YMCA medical form that can be found at the front desk.

_____ Asthma _____ Diabetes _____ Food Allergies _____ Heart Trouble
_____ Seizures _____ Insect Stings _____ Other

****If yes to medications please fill out Medication Form**

Medical Information:

Medications: _____ Allergies: _____
Food Allergies: _____
Behavior Concerns: _____ Special Needs: _____
Preferred Hospital: _____ Fears: _____
Doctor's Name: _____ Doctor's phone: _____
Special circumstances/requests: _____

Parent Fees

Please Initial:

_____ *All payments are due each month on the 1st of every month enrolled with the exception of automatic draft participants.
_____ *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**.
_____ * After School hours of operation are 3:00pm to 6:00pm. All children need to be picked up from the program **no later than 6:30pm**. For every 15 minutes that the child remains in the program after 6:00pm, there will be a **\$10 late fee applied**. Late fee must be paid when you arrive to pick up your child.
_____ *In the event that you need to cancel for a registered program, a written notice must be given 6 business days before the date of desired cancellation. **Failure to give written notice will result in you being billed for a full month.** _____ *I understand that my \$30 deposit is non-refundable and non-transferable.

*Non-attendance does not constitute a refund.

**All fees and deposits are non-transferable and non-refundable.

***All program withdrawals and changes must be made in writing at the front desk or via email to the Family Services Director.

Food

Daily snack is provided from Spears. It is the responsibility of the parent/guardian to provide lunch in the event of all day care.

Travel Authorization

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

Please Initial:

_____ Be transported on YMCA vehicles to scheduled locations 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 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 1:10 therefore my child will be supervised adequately.

Swim Authorization

_____ To swim at the scheduled times in the swimming pool at Spears Family 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 1:10.

Parent/Guardian Signature: _____ Date: _____

Sun Screen Authorization

I give permission to the staff at the Spears Family YMCA to apply sunscreen to my child. I understand that the application of sunscreen to my child will comply with the policy of the Spears Family summer program.

Parent/Guardian Signature: _____ Date: _____

Miscellaneous

_____ I understand that the Spears Family YMCA will not transport my child to other programs within the YMCA, excluding sports half day camps.

_____ I understand that the Spears Family YMCA is not responsible for any lost or stolen items.

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, 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

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.

Child's Name:

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____