



## Gaston County Family YMCA Afterschool Registration 2017-2018

Child's Name: \_\_\_\_\_ Name Called: \_\_\_\_\_  M  F

Birth date: \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_  School Based Site  Onsite at YMCA

Please select your Afterschool option:  Afterschool Only  Year Round only by 9/30/2017

School Child

Attends: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Information:** Child(ren) live with:  Mother  Father  Both  Other

Parent 1: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Please list all emergency contacts and persons authorized to pick up your child from the YMCA:**

Contact #1: \_\_\_\_\_ Phone#: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone#: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Contact #3: \_\_\_\_\_ Phone#: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

**Additional Information:**

Operations or serious injury dates: \_\_\_\_\_

Chronic or reoccurring allergies, illnesses or medical conditions: \_\_\_\_\_

Activities discouraged or limited by physician: \_\_\_\_\_

Dietary Restrictions/Current Medications: \_\_\_\_\_

Behavioral Issues or Concerns: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_ Fears: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ CODE WORD: \_\_\_\_\_

If custody paperwork is on file, who is precluded from pick up? \_\_\_\_\_

Custody paperwork must be on file at the YMCA to deny

**Waiver:**

1) My child has permission to participate in all activities unless otherwise specified in writing. I understand that the Gaston County Family YMCA assumes no responsibility for injuries or illness my child may receive as a result of his/her participation in Afterschool programs, athletic activities, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating at the YMCA, I hereby voluntarily release and discharge the Gaston County Family YMCA, its agents, servants, and employees from any claims for injury, illness, death, and / or loss of damage which my child may suffer as a result of his/her participation in these activities. 2) I hereby give my permission to the medical personnel selected by the YMCA Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment, including hospitalization for my child. I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation. 3) I understand that no accident or medical insurance is provided with any activity while my child is at camp. 4) I give permission to the Gaston County Family YMCA, without limitation or obligation for photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use. 5) I give my consent for my child to leave the YMCA site, to participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program. 6) I understand the payment for the program is my responsibility and failure to comply will result in removal from the program. 7) I understand that the YMCA does not carry insurance for children in Y Programs. 8) I have received a parent handbook and I have read and understood the policies and procedures outlined within it. I understand that my registration fee for the YMCA Afterschool Program is non-refundable and non-transferable. I understand that I am responsible for all payments. I understand that all payments will be made by automatic draft, either bank account or credit card payment, in advance. I understand that I will be charged a late fee per child, per the parent packet. 9) While in the YMCA Afterschool program, every effort will be made to provide reasonable accommodations for mentally and physically challenged children. Afterschool will not accept children who are (A) of danger to themselves (B) of danger to others, or (C) a disruption to normal activities making it unreasonably difficult for other children to enjoy the Afterschool programs. Any of the above reasons will be grounds for dismissal. A parent/guardian must discuss specific special conditions involving their child with the director. This must be completed prior to registration so that the administration may make a determination if reasonable accommodations can be made for your child. 10) I have read and agreed to all of the policies set forth by the Gaston County Family YMCA.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**Parent Contract – Please read and initial the following:**

Initial \_\_\_\_\_ A tuition payment is due by the selected scheduled due date. (see draft schedule)

Initial \_\_\_\_\_ A \$20.00 late fee will be assessed on all payments received after the scheduled due date.

Initial \_\_\_\_\_ A \$25.00 fee will be charged on all returned checks.

Initial \_\_\_\_\_ Service will be suspended if payment is not received within one week of the due date. A \$47.00 registration fee will be required for reinstatement

Initial \_\_\_\_\_ Parents arriving after 6:00pm to pick up their children will be charged a late fee of \$1.00 per minute per child. This must be paid before returning to Afterschool the following day.

Initial \_\_\_\_\_ Program cancellation must be made in writing two weeks prior to the last day attending. Refunds will not be issued without a two week notice.

Initial \_\_\_\_\_ The YMCA may suspend/terminate your child's enrollment due to inability to follow guidelines outlined in the Parent Handbook Refunds will not be issued.

Initial \_\_\_\_\_ Year Round program registration includes care beginning August 28, 2017 with Afterschool program and includes Holiday Camp( 2018), and Summer (Camp 2018), and Summer (Camp 2018). A separate agreement must be completed at the time of registration. The annual agreement will terminate with the completion of the 2018 Summer Camp session. Year round registration is available until September 30, 2017.

Initial \_\_\_\_\_ \$47 registration fee due at the time of registration.

I have read and agree to the above terms and requirements and understand that I am responsible for payment according to the policies of the Gaston County Family YMCA Afterschool Program. I have also read and understand the Parent Handbook and agree to comply with the policies listed in the Handbook.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**STAFF ONLY:** Registration intake: \_\_\_\_\_ Date: \_\_\_\_\_ Scheduled to draft: \_\_\_\_\_ Date: \_\_\_\_\_

# Afterschool Locations and Options:

## SCHOOLS SERVED

Beam Intermediate	Forest Heights	McAdenville*	Robinson	York Chester Middle
Belmont Central	Gardner Park	Mt. Holly Middle*	Sadler	
Belmont Middle*	Grier Middle	New Hope	Sherwood	
Brookside	Hawk's Nest	North Belmont*	Southwest Middle	
Carr	HH Beam	Page Primary	St. Michael's Catholic School	
Catawba Heights*	Holbrook Middle*	Piedmont Charter Elementary	Victory Christian School	
Cherryville Elementary	Ida Rankin*	Piedmont Charter Middle	WA Bess	
Costner	Lingerfeldt	Pinewood	Webb Street School	
Cramerton Middle*	Lowell	Pleasant Ridge	Woodhill	

Details about each site available online at [gastonymca.org/afterschool](http://gastonymca.org/afterschool)

\*Transported to the Stowe Family YMCA

### AFTERSCHOOL ONLY:

Includes Afterschool care from school dismissal until 6:00 pm daily, half day care (offered at child's regular site) and Teacher Work Day care is provided at selected at Warlick Family and Stowe Family YMCAs only.

Holiday Camp, Spring Break Camp, and Summer Camp are not included. A separate registration form and fees are required for participation.

**AFTERSCHOOL COST:** (Member/Program Participant)

Registration Fee: \$47

On Site Locations & Middle School: \$52/\$77

YMCA Location: \$62/\$87

Indicate location for each program.

Afterschool	Teacher
Site: _____	Work Day
	Location: _____

### YEAR ROUND PROGRAM:

Includes Afterschool 2017 - 2018, half day care, Teacher Work Day care, Holiday Camp, Spring Break Camp, out of school days and Summer Camp 2018. **Must Register by September 30, 2017 to qualify for year round program pricing.**

### YEAR ROUND PROGRAMMING COST:

(Member/Program Participant)

Registration Fee: \$47

On Site Locations & Middle School: \$68/\$96

YMCA Location: \$79/\$106

Please indicate locations for each program. Program Staff will confirm Holiday Camp, Summer Camp locations.

Afterschool	Holiday Camp:
Site: _____	_____
Summer	Specialty Camp available
Camp: _____	for additional fee

## 2017/2018 Authorization to Draft:

This authorization is limited to payments to the Gaston County Family YMCA for Afterschool payments as they are due. Automatic withdrawal will occur weekly (every Friday), twice monthly (1st and 15th of the month), or monthly (1st of the month) prior to care week. This authorizes the YMCA to charge the account provided for such payments. I understand that payments will come out of my account according to the cycle I select below. I understand that if I withdraw/leave from the Afterschool program or at if the program ends, that if I have an outstanding balance, it will automatically be drafted from my account and I accept any charges that may incur due to non-sufficient funds, returned or declined cards, etc. This will remain in effect until 12/31/18 unless revoked by me in writing to the YMCA no later than three (3) business days prior to the next payment due date. Cancellation of a week of Afterschool must be made two weeks. I understand that the YMCA may also cancel this authorization, and that I will be notified of such action. I understand that I am responsible for payment of any service charges incurred due to insufficient funds or payments returned. By signing below, I agree to all the terms and conditions of this authorization to draft.

Payment Method:  On File (Last 4): \_\_\_\_\_  Visa  Mastercard  Debit  Checking  Savings

Card Number (last 4 digits): \_\_\_\_\_

Account Number (last 4 digits): \_\_\_\_\_

**Billing Cycle:** (please select one)

Weekly - Friday prior to each week

Twice Monthly - 1st and 15th of each Month

Monthly - On the 1st

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**STAFF ONLY:** Registration intake: \_\_\_\_\_ Date: \_\_\_\_\_ Scheduled to draft: \_\_\_\_\_ Date: \_\_\_\_\_