

Carl & Linda Grubb
Family YMCA

After School Club

2011-2012



Carl & Linda Grubb Family YMCA

609 Trindale RD

Trinity, NC 27370

Phone: 336-861-7788

Fax: 336-861-7787

www.grubbfamilyymca.org

YMCA Mission

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.



After School Club Rates

Annual Registration Fee \$30 member \$50 non-member
Monthly Club Fee \$120 member / \$170 non-member
All Day Out \$15 member / \$ 25 non-member

Hours of Operation

Monday through Friday 2:30pm until 6:00pm

Holidays, Teacher Workdays, and All Day Outs (days when school is closed due to inclement weather) 7:30am until 6:00pm

(No transportation will be offered for early dismissal due to inclement weather. No child-care will be offered on mornings when school is opened on a delay. If the YMCA is open, and school is NOT you are welcome to bring your child in. We will be available based on hours the YMCA is open.)

Elementary Schools

Archdale Elementary
Trindale Elementary
Hopewell Elementary
Trinity Elementary
John Lawrence Elementary

Middle Schools

Braxton-Craven
ATMS

Getting Started

Before you register:

- Please complete all required paperwork.
- Determine whether you would like to enroll your child as a member or non-member. *To receive the Member rate participants must be a Grubb Family YMCA member from the time of registration throughout the duration of their enrollment in the program.*

Membership

JOIN & SAVE! By enrolling your child as a member of the YMCA you could save up to \$450. The annual youth membership is \$192. The difference between the member and non-member rate is \$50 per month. Not only will you save money on After School, but you would also receive the member rate for all other programs such as Sports, Kids Night Out, All Day Outs, and Day Camp.

Registration:

- Submit your completed paperwork.
- Pay the non-refundable registration fee and set up the bank draft. Please be aware that monthly prices are based on a 180-day school year and divided into 9 equal payments. Therefore the payment remains the same regardless of the number of days in that month. Note: you will not be charged in August or June. The first bank draft will occur on Sept 2nd, and continue on the 2nd of each month with the last one being May 2nd.

After Registration:

- Send a note to your child's teacher and to the school office so that they are aware of the days your child is to attend our After School Club.
- Please communicate any schedule changes to Jessica Jansen, Program Director, when your child will not attend the program on a day he/she is scheduled to attend.
- No refunds will be made in case of absence or withdrawal.
- If you should decide at any time to withdraw from the program, the YMCA requires a minimum of 30 day written notice of when the last day of attendance will be, otherwise you may be billed for days your child does not attend, and you will be accountable if a balance accrues.

Club Goals

- To provide a safe, affordable, quality childcare program.
- Build the child's self-confidence, self-image, and help them develop a healthy spirit, mind and body.
- Help children develop interpersonal communication skills, as well as values of caring, respect, honesty, responsibility, and faith.
- Encourage parent support and involvement through their child's participation in the program.



Program Activities include:

- *Homework Time
- *Snack Time (snack provided)
- *Arts & Crafts
- *Sports & Games
- *Fitness Classes (as scheduling allows)
- *Field trips, we will go roller skating and bowling.

All staff are CPR & First Aid Certified

All YMCA staff are required to pass a criminal background check. We drug screen randomly.

Schedule

3:00-3:15 Arrival "Warm Up" Activity
3:15-4:00 Homework (everyone)
4:00-4:15 Snack (we provide)
4:15-4:45 Arts & Crafts / Music / Specialty Club
4:45-5:30 Group Games / Fitness Class
5:30-6:00 Pack Up / Clean Up (find my bag, jacket, and lunch box)



Program Contact

Jessica Jansen
Program & Special Events Director
336-862-7126
jjansen@hpymca.org



Releases

Unless specific releases are given in written form in advance, NO CHILD will be released to anyone whose name does not appear on the child's form. This is to ensure the safety of the child. Telephone calls WILL NOT BE ACCEPTED to release a child to anyone but those listed on the form.

Late Pickup

If at all possible, phone ahead when you may be running late. Any pick up made after 6pm will be charged a late fee beginning at 6:05pm. This will be \$10 for every 10 minutes. If a parent picks their child up late 3 times in a given school year without phoning ahead, after school care may be discontinued immediately.

Disciplinary Procedures

The YMCA's policy on discipline centers on "time out" & positive reinforcement programming. If a child's behavior is inappropriate or unacceptable, the YMCA staff will discipline a child by sitting the child in "time out" away from the activities for a given amount of time determined by the severity of the incident. If severe, an Incident Report will be written and submitted to the After School Director. The first incident report serves as a warning, and the second will result in a period of suspension. The After School Director reserves the right to dismiss any child from the program whose behavior remains consistently unacceptable after several attempts to discipline. It is critical that all the children behave properly as to ensure the safety of all children.

Grubb Family YMCA Member/Participant Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members, guests and participants. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member/Participant Code of Conduct outlines prohibited action, but the actions listed below are *not an all-inclusive list of behaviors considered inappropriate in our facilities or programs.*

- Using or possessing alcohol or illegal chemicals on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs
- Smoking on YMCA property - the YMCA and its property is a smoke-free environment
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the destruction or loss of property
- Loitering within or on the grounds of the YMCA

In addition, The YMCA reserves the right to deny access, participation or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages per the membership policy of the YMCA of High Point..

Read and Initial the following:

_____ I am an adult over 18 years of age and wish to participate in YMCA of Greater High Point (the "YMCA") membership/program activities, and if checked here wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

_____ I understand that the YMCA of Greater High Point is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

_____ I give my permission to the YMCA of Greater High Point to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

_____ PAYMENT POLICIES: Terms and Conditions

- If payment is not honored by your bank, a \$25 assessment will be charged.
- If you have an outstanding debt past the 15th of the month, service will be terminated immediately and we will be forced to seek legal action to collect outstanding fees.
- It is the parent's responsibility to make sure that there is no outstanding balance.

Printed Name: _____

Signature: _____ Date: _____



Carl & Linda Grubb Family YMCA

One form must be completed for EACH child.

All HIGHLIGHTED boxes must be filled in.

Please check the program site you would like to sign up for:

- ONE TIME—REGISTRATION FEE \$30 Member
- ONE TIME- REGISTRATION FEE \$50 Non-Member

Monthly Rates for After School

\$120 per month Members
\$170 per month Non-members

- Archdale
- John Lawrence
- Trindale
- Hopewell
- Trinity Elementary
- Braxton Craven
- ATMS

H O M E	Program Participant		First Name	MI	Last Name			
	Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date / /		Age	Grade
	City		State	Zip		Phone		
School		Race—For United Way			Child Lives With?			

P A R E N T O R G U A R D I A	First Name	MI	Last Name			
	Address					
	City		State	Zip		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race—For United Way	Birth Date / /		Home Phone
	Cell Phone		E-Mail			
	Company/School			Job Title		
	Address			Phone		
	City		State	Zip	FAX Phone	

P A R E N T O R G U A R D I A N	First Name	MI	Last Name			
	Address					
	City		State	Zip		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race—For United Way	Birth Date / /		Home Phone
	Cell Phone		E-Mail			
	Company/School			Job Title		
	Address			Phone		
	City		State	Zip	FAX Phone	

EMERGENCY CONTACT (other than parent/guardian)—List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.

First Name	MI	Last Name		Relationship to Child
Phone		Cell Phone		

Is there anyone who **CAN NOT** pick-up your child?

OTHER AUTHORIZED PICK-UP

A U T H O R I Z E D P I C K U P	First Name	Last Name			
	Phone		Cell Phone		
	Relationship to Child			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	First Name	Last Name			
Phone		Cell Phone			
Relationship to Child			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

A U T H O R I Z E D P I C K U P	First Name	Last Name			
	Phone		Cell Phone		
	Relationship to Child			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	First Name	Last Name			
Phone		Cell Phone			
Relationship to Child			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

D O C T O R	First Name		Last Name	
	Address			
	City	State	Zip	
	Phone	FAX		

D E N T I S T	First Name		Last Name	
	Address			
	City	State	Zip	
	Phone	FAX		

Preferred Hospital or Medical Center:

Does your child have a special health or medical condition? (check one)

No
 Yes—Please explain

Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours? (check one)

No
 Yes—Please request a form for the administration of medication.

Does your child have any food, medication or environmental allergies?

No
 Yes (check all that apply) Food Medication Environment

Please list and explain reaction:

Does your child's allergy/allergies require child care staff to monitor for symptoms, take action is a reaction occurs or give emergency medication to your child? (check one)

No
 Yes—Please request a form for the administration of medication.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

No
 Yes—Please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

No
 Yes—Written instructions must be provided.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

No
 Yes—Please explain

If yes, does this medication, food supplement or medical food need to be administered at the child care center? (check one)

No
 Yes—Please request a form for the administration of medication.

AUTHORIZATION

The above information is correct and complete to the best of my knowledge, and the Carl and Linda Grubb Family YMCA Branch participant described has my permission to participate in all program activities except as noted by me and/or the examining physician. I hereby give permission to the medical personnel selected by the Carl and Linda Grubb Family YMCA Branch Director to provide and/or order medical treatment, x-rays and/or routine medical tests and to provide or arrange necessary related transportation for the participant named above. In the event I cannot be reached in an emergency, I hereby give permission to the Carl and Linda Grubb Family YMCA Branch Director to secure, and to act as my agent in consenting to, medical and/or surgical treatment, including hospitalization, anesthesia or surgery, and to release to any physician and/or treatment facility or hospital relating to any pertinent insurance coverage, for the participant named above.

This form, after being signed by the parent/guardian, must be reviewed for completeness and signed by the director/designee prior to the child receiving care. The director/designee shall have the parent/guardian review and initial the form when any changes/updates are made. **By signing below I acknowledge have received, read and will comply with the YMCA Member/Participant Code of Conduct and the Carl and Linda Grubb Family Program/Payment Policies.**

I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by my children or me. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

Signature of Parent/Guardian	Relationship to Child	Date
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OFFICE USE ONLY Date: / /	YMCA Staff Member receiving form	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card	Initial Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash Amount: \$ _____
Form filled out completely? <input type="checkbox"/> Yes <input type="checkbox"/> No	Y Scholarship Information <input type="checkbox"/> Yes <input type="checkbox"/> No		
YMCA Scholarship Renewal Date / /	Scholarship % and Dollar amount _____ % \$ _____	Payment (Receipt) Number	

