



YMCA of Greater High Point

AFTER SCHOOL PROGRAM—Hartley Drive Branch



One form must be completed for EACH child.

All HIGHLIGHTED boxes must be filled in.

PLEASE CHECK THE SCHOOL YOUR CHILD ATTENDS:

ONE TIME - **NON REFUNDABLE** REGISTRATION FEE \$30

ELEMENTARY SCHOOLS		MIDDLE SCHOOLS	
<input type="checkbox"/> Florence \$165/\$225	<input type="checkbox"/> Colfax Elementary \$165/\$225	<input type="checkbox"/> Ferndale \$100/\$145	
<input type="checkbox"/> Friendship \$165/\$225	<input type="checkbox"/> Phoenix Academy \$165/\$225	<input type="checkbox"/> Ledford \$100/\$145	
<input type="checkbox"/> Kirkman Park \$165/\$225	<input type="checkbox"/> Shadybrook \$165/\$225	<input type="checkbox"/> Southwest Middle \$100/\$145	
<input type="checkbox"/> IHM \$165/\$225	<input type="checkbox"/> Southwest \$165/\$225	<input type="checkbox"/> Welborn \$100/\$145	
<input type="checkbox"/> Johnson Street \$185/\$250	<input type="checkbox"/> Triangle Lake \$165/\$225	<input type="checkbox"/> Penn Griffin (bus drops off at Y) \$100/\$145	
<input type="checkbox"/> Northwood \$165/\$225	<input type="checkbox"/> Wallburg \$165/\$225		

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

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	E-Mail	
	Company/School	Job Title	
	Address	Phone	
	City	State	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	E-Mail	
	Company/School	Job Title	
	Address	Phone	
	City	State	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	First Name	Last Name
	Phone	Cell Phone
	Relationship to Child	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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

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

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

D E N T I S T	First Name	MI	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 if 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 Hartley Drive Family Branch YMCA 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 Hartley Drive Family 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 Hartley Drive Branch YMCA 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 Hartley Drive After School Program 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	Payment (Receipt) Number	
YMCA Scholarship Renewal Date / /	Scholarship % and Dollar amount _____ % \$ _____		



YMCA of High Point 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

You are billed on 20 days of afterschool per month. Some months have more school days and some have less, but a regular month will be considered to have 20 active days.

- Payments will be drafted on the 28th of each month beginning August 28, 2011 through April 28, 2012.
- If payment is not honored by your bank, a \$25 assessment will be charged.
- If you have an outstanding debt past the 10th 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.

Hartley Drive After School Program Policies

PICK UP POLICIES AND PROCEDURES

Pickup begins at 5:00PM and continues until 6:00PM. Enter at the second entrance on Hartley Drive and come to the front circle. After your picture ID has been checked, the counselor will then radio for your child to come to the pickup location. A YMCA counselor will escort your child to the car. For your safety as well as your child's, please remain inside your car during the pickup process.

If you need to pick up your child before 5:00PM, please go to the Member Services Desk and an afterschool staff member will be called to assist you.

TEACHER WORKDAYS & HOLIDAYS

"All Day Outs" are available for teacher workdays and holidays from 7:30am to 6:00pm. The fee for "all day outs" is \$15 for YMCA members and \$30 for non members per day. This fee is NOT included in the monthly program fee; there is a separate registration required in advance of all workdays and holidays.

The YMCA will NOT hold "all day outs" on the following holidays:

Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, and Good Friday.

SNOW DAYS/STAFF DEVELOPMENT/AND ANY OTHER WEATHER RELATED DAYS

IF: School closes early because of heat, snow or any other weather related dismissals...

THEN: The children must be transported to the YMCA by the parents (we will not call parents to notify). We will run a program at the YMCA 30 minutes after schools dismiss until 6pm, or we close due to weather.

IF: School is cancelled for the whole day and children do not go to school.

THEN: The program is held at the YMCA at 7:30am or as soon as the YMCA can open until 6pm. The fee is \$15 per day, per child.

IF: School releases at 12pm on Staff Development Days...

THEN: Afterschool will operate from 12-6pm at the YMCA and will provide transportation as usual.

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 insure 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 pickup made after 6pm will be charged a late fee beginning at 6:05pm. This will be \$10 for every 10 minutes after 6pm. If a parent picks their child up late 3 times in a given school year without phoning ahead, service 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 a child out and away from the activities for a given amount of time determined by the nature of the offense. If time out is ineffective, or if the nature of the misbehavior is deemed 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 inept after several attempts to discipline. It is critical that all the children behave properly as to insure the safety for all children.

WITHDRAWAL FROM THE PROGRAM

If a parent decides at any time to withdraw their child from the program, the After School Director at the YMCA must be notified immediately and IN WRITING 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. One-month advance is preferred.

MEMBERSHIP

Join and Save! By enrolling your child as a member of the YMCA, you could save up to \$540. The annual youth membership is \$180 and the teen membership is \$240. The difference between the member and non member rate is \$60 for traditional afterschool, \$65 for Johnson Street and \$40 for the middle school program. Not only will you save money on afterschool, but you can also receive the member rate for other programs such as sports and day camp.

7/2011