



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **AFTER SCHOOL ACADEMY 2020-2021 REGISTRATION FORM**

## **STATESVILLE FAMILY YMCA**

### **FOR OFFICE USE ONLY**

- Code word.
- Before and After School Program Policy signed.
- Behavior Expectations and Discipline Policy signed.
- Orders for Medication signed (must be completed even for sunscreen).
- Registration Fee.
- Subsidy Voucher: If applicable. Vouchers are good for one location only.
- Financial Assistance Forms: If applicable. Must be filled out completely with income information attached.
- Completed Registration Form.
- Completed Payment Form.

\*Please make sure all selections/lines are completed before accepting registration packet.

### **STATESVILLE FAMILY YMCA**

828 Wesley Drive, Statesville NC 28677

P 704 873 9622 [www.statesvilleyymca.org](http://www.statesvilleyymca.org)

**Our Mission:** "Helping people reach their God-given potential in spirit, mind and body."

A United Way Agency. Financial Assistance available.

# 2020-2021 BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY

Child's Name \_\_\_\_\_

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 definitions 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 times.
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.

The Discipline Policy

1. If a participant is unable to comply with the behavior expectations, the child will be given an initial warning and his or her parents/guardians will be notified.
2. If a participant's behavior continues to be disruptive, he or she will receive a written reprimand and parents will be notified and consulted concerning the participant's behavior.

3. If the participant receives three written reprimands, he or she will be suspended for three days. After six written reprimands, the participant will be suspended for five days. After nine written reprimands, the child will be expelled from the program.
4. The YMCA reserves the right to suspend or expel a child from the program if his or her behavior places other participants or staff in immediate harm and/or if his or her behavior places him or herself in immediate harm.

**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
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 substances unless under the prescription of a doctor
7. Running away
8. Biting

## Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

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.

Please initial, indicating that you have read and understand the above:

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

I have read, understand, and agree with the policies as stated in this document and Parent Handbook and have discussed the expectations of behavior with my child/ward.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date

# 2020-2021 AFTER SCHOOL REGISTRATION FORM

Date of Registration: \_\_/\_\_/20\_\_

My child is a YMCA member. Code word \_\_\_\_\_ Unit ID# \_\_\_\_\_  
In 2020-2021 my child is in \_\_\_\_\_ grade. School Attending: \_\_\_\_\_

## CHILD'S INFORMATION (Please print legibly.)

Child's name (first/middle/last) \_\_\_\_\_ Name called \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Birth date \_\_\_\_\_ Age (as of registration date) \_\_\_\_\_

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) \_\_\_\_\_  None

ADD  ADHD  None

For any child with health care needs such as allergies, asthma, or other chronic conditions (including ADD, ADHD, medication allergies) that require specialized health services, a medical action plan shall be attached to the application.

Special circumstances (see back page and provide additional information if necessary)  None

Particular fears or unique behavior characteristics that the child has: \_\_\_\_\_

## FAMILY INFORMATION (Check parent to contact for payment and other questions)

Mother/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_  
Email address \_\_\_\_\_

Father/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_  
Email address \_\_\_\_\_

## EMERGENCY INFORMATION

In case of emergency, please contact the following first:  Mother/guardian  Father/guardian

Child's doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

If mother, father, or guardian cannot be reached, call:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

I hereby acknowledge that the YMCA will assume that either parent/guardian of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. Both parents/guardian must have code word for child.

Other than parent/guardian, the following individuals are authorized to visit or pick up my child. Please answer "No One," if only the parent/guardian are authorized to pick up.

\_\_\_\_\_  
\_\_\_\_\_

Persons not authorized to visit or pick up my child: (Court documentation must be attached)

\_\_\_\_\_  
\_\_\_\_\_

**SEE PAYMENT FORM ON THE BACK THAT MUST BE COMPLETED.**

# BEFORE AND AFTER SCHOOL ACADEMY (K-5) AND TEEN AFTER SCHOOL ACADEMY PAYMENT FORM – Statesville Family YMCA

Please note: A one-time \$30 registration fee applies to all Before and After School programs.

## AFTER SCHOOL OPTIONS (Please choose payment method below)

### K-5

#### 3 Day-After School (Monthly rate)

- \$143 Members
- \$178 Potential members

#### 5 Day-After School (Monthly rate)

- \$177 Members
- \$217 Potential members

## Out of School Day Options (Payment is due at registration)

#### Out of School Days (Daily Rate)

- \$35 Members
- \$40 Potential members

#### Childcare is offered from 7:00am-6:00pm on the following Out of School Days:

October 21; November 11, 25, 26, 27; December 23, 28-30; January 1, 4, 18; February 12; March 8-12; April 5, 6, 23; May 7; June 1-4

## BEFORE AND AFTER SCHOOL PAYMENT OPTIONS (Choose 1, 2 or 3)

### 1. WALK-IN PAYMENT (Can only be paid once monthly on or before the 1st.)

By signing below, I understand that monthly payments are due on or before the first day of the month in which the service is rendered. I further understand that if I do not make my payment on or before the due date I will be charged a \$10 late fee. I understand that cancellations and/or account changes require a 30-day advance notice. Any returned payments will be collected along with applicable processing fees. I also understand that I will need to stop any membership draft independently of the child care draft if I so desire.

Monthly Amount Due: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 2. BANK DRAFT

#### Frequency of Bank Draft: (Choose one)

Last four numbers of Account to Draft: \_\_\_\_\_

Once Monthly on the 1st

Once Monthly on the 15th

Bi-Weekly (1st & 15th)

Date of First Draft: \_\_\_\_\_ Monthly Draft Amount: \$ \_\_\_\_\_

### 3. CREDIT CARD DRAFT

Please check which card you wish to use for your payment:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Name (as it appears on card): \_\_\_\_\_

Billing Address For Card:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Last four numbers of Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Frequency of Credit Card Draft: (Choose one)

Once Monthly on the 1st

Once Monthly on the 15th

Bi-Weekly (1st & 15th)

Date of First Draft: \_\_\_\_\_ Monthly Draft Amount: \$ \_\_\_\_\_

**Draft Authorization Statement:** By signing below, I authorize the YMCA of Northwest North Carolina to draft the cost of my child care payment in the amount and on or about the day(s) indicated above. I understand that the bank draft will begin as stated on this authorization. If I wish to cancel the automatic bank draft or make changes to the draft account, I will complete a modification form that is provided by the YMCA of Northwest North Carolina in the membership office or at the Welcome Center. I understand that cancellations and/or account changes require a 30-day advance notice. Any returned drafts will be collected along with applicable processing fees as funds are available in my account, which may not coincide with the above elected draft date. I also understand that I will need to stop any membership draft independently of the child care draft if I so desire. Please verify your draft once it has begun. If you have questions, please call your local YMCA Branch.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ORDERS FOR MEDICATION

To be completed by parent/guardian:

If it is absolutely necessary for the child named below to take medication during camp or child care hours, or in the event your child has a medical condition of which the Branch should be aware, please complete the information requested, sign and return this form to the Branch.

Child's Name \_\_\_\_\_ Age (as of registration date) \_\_\_\_\_

Day Camp/Youth Development Program \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s):

Mother's/Guardian's Name \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

## Medication (including sunscreen, bug spray, prescription medicine and over the counter medicine):

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time(s) to Administer \_\_\_\_\_

Possible Side Effects/Special Instructions \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time(s) to Administer \_\_\_\_\_

Possible Side Effects/Special Instructions \_\_\_\_\_

**Medical Condition(s):** Please list below any allergies (do not include allergies to medications), asthmatic conditions or the like which may require the Branch to administer the child's medicine.

Condition	Symptoms	Medication/Dosage	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

\_\_\_\_\_  
(Print Parent/Guardian Name)

Medicine	Dosage	Time(s) Given	Caregiver's Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please Read:** No medication (including Tylenol, sunscreen, etc.) may be dispensed/applied without written authorization from parent/guardian. Prescription drugs may only be dispensed from their original container.

# 2020-2021 AFTER SCHOOL PROGRAMS POLICY

Child's Name \_\_\_\_\_

Please read each of the following policies and sign below to indicate your understanding of these policies.

## WAIVERS/PERMISSIONS

I permit my child to participate in activities the YMCA conducts outside the fenced-in play areas at YMCA facilities.

**Field Trips** – I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.

**Photography** – I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, social media, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

## PAYMENT POLICIES

I understand policies concerning payment, cancellation and refunds. I may not register for any other programs or membership until outstanding balances due are paid.

All monthly payments are due on or before the first of each month. Late fees will be assessed after the due date.

I understand that non-payment of fees by the due date could result in a suspension of my child from the program.

I understand that it is my responsibility, if I choose to draft for the program, to provide the YMCA with current up-to-date bank or credit card information throughout the term of the program.

Should any program draft not be honored by my bank, for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the YMCA.

I understand that the YMCA is using a third party to assist in the collection of returned checks and bank drafts. If my check or bank draft is returned for any reason, my account will be debited electronically for the amount of the check and/or draft plus a processing fee.

**Cancellations** – Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program.

**Bank draft participants** – I understand that I must cancel, in writing, at least fifteen days prior to the date of bank draft in order to stop payment. I understand that if I need to stop a membership draft I will need to do so at the membership branch in person. Stopping a program draft does not automatically stop a membership draft.

**Refunds** – I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. The registration fee is non-refundable.

I have read and understand all the policies stated above.

## MEDICAL TREATMENT POLICIES

**Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

**Medication** – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.

**Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye), from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.

I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

## PROGRAM POLICIES

**Babysitting Policy** – The YMCA strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.

**Pickup Policy** – I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. A code word and photo identification are always required to pick up your child. A late pickup fee will be assessed if the child is picked up after program hours.

**Inclement weather** – Please refer to local media sources or, if available, [www.ymcanwnc.org](http://www.ymcanwnc.org) or branch Facebook page for program closings related to inclement weather.

**Lost Items** – I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date