



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WILLIAMS YMCA OF AVERY COUNTY

PEAK 21st CCLC Enrollment Form 2017-2018

\$25 registration fee is required at the time of application. This registration fee is only for after school. Additional registration fees may apply for other programs such as summer camp.

The PEAK 21st CCLC will offer after school at no cost to the parent for the 2017/2018 school year.

FOR OFFICE USE ONLY

Child's full name _____

Program _____

Daxko ID Number _____

Registration fee paid? yes no

Verified on _____

_____/_____/_____

FAMILY INFORMATION

Mother/Guardian's Name _____

Home address _____ City _____ State ____ Zip _____

Daytime Phone # _____ Home Work Mobile # _____

Birth date ____/____/____ Email _____

Custodial Parent: yes No Preferred method of communication Email Phone Text All

Father/Guardian's Name _____

Home address _____ City _____ State ____ Zip _____

Daytime Phone # _____ Home Work Mobile # _____

Birth date ____/____/____ Email _____

Custodial Parent: yes No Preferred method of communication Email Phone Text All

Please indicate who the primary contact is: Mother/guardian Father/guardian

CHILD'S INFORMATION

Child's name (on public school record) _____ Name Called _____

Address on file with the school system _____

City _____ State _____ Zip _____

Male Female Birth Date ____/____/____ Grade (as of August 2017) _____

School and School District: _____ Teacher's Name _____

Ethnicity Caucasian African American Hispanic Asian or Pacific Islander Other: _____

CHILD'S ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK UPS

Please indicate emergency contacts and person authorized to pick up your child from the 21st CCLC program.

Please note that we require a written request to remove any names listed.

Name _____ Relationship to child _____

Phone # _____ Mobile# _____

Name _____ Relationship to child _____

Phone # _____ Mobile# _____

Name _____ Relationship to child _____

Phone # _____ Mobile# _____

These person(s) MAY NOT pick my child - do not list a legal guardian without producing a court order

1. _____ 2. _____

After School Site name: YMCA Williams Academy Blackburn Athletic Facility

Bus from (if applicable): _____

Start Date: _____ End Date _____

Days of Care M T W Th F

Does your family have a YMCA membership? yes no

HEALTH HISTORY

Please indicate your child’s known allergies, medications, or special circumstances. Check all that apply to your child, or check “None” for those that don’t apply:

- Medication (type and schedule) _____ None
- Emotionally, behaviorally, intellectually or physical challenged (explain) _____ None
- Allergies (type) _____ None
- Special circumstances _____ None

Additional Information: _____

Medication Policy

1. Non-Prescription medications require written note and instructions
2. Medication form must be signed by parent for any medication
3. Medication must be current. We will not accept or administer expired medication.
4. All medications must be in original container
5. We allow the self-carry of emergency medication ONLY for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the prescribing physicians written permission.

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. Medications must be in original containers with written instructions for dispensing. Do not send medications with your child. A parent or guardian must give the medication to program staff. Notice: With respect to giving EpiPen and/or Glucagon injections to children participating in its programs, the YMCA will comply fully with the requirements of the Americans with Disabilities Act. For those children who may require EpiPen and/or Glucagon injections, or who have other special medical needs, the YMCA will meet with the parent(s) or guardian(s) of such children and, through dialogue, strive to develop a mutually acceptable plan designed to address the medical circumstances of each individual child. The YMCA will not administer, or be responsible for administering, medications that have to be inserted into body cavities.

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 provide the name of the attending physician of the source child to 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 to any staff member who experiences such an exposure from my child.

Emergency – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA’s judgment to be in the best interests of the child.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to the child’s acceptance in the 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 behavior problems or special circumstances regarding psychological, medical, or physical condition.

Upon being informed of such circumstances, the director may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

MEDICAL INFORMATION

Child’s dentist _____ Dentist’s # _____
 Child’s medical doctor _____ Doctor’s # _____
 Hospital preference _____
 Insurance company _____ Policy # _____

BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICIES

It is important that staff maintain good order and discipline in all programs. Top objective in all YMCA programs are safety and 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 and inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity.

A child's behavior is expected to be consistent with the following:

5. Use appropriate language at all times
6. Cooperate with staff and follow directions.
7. Respect other children and staff, equipment and facilities, and yourself.
8. Maintain a positive attitude
9. Stay in program areas — running away is not acceptable
10. Participate successfully within the YMCA staff-child ratio specific for each program.

YMCA Discipline Policy

11. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parents(s)/guardian will be notified
12. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parents(s)/guardian. A behavior contract will be established and signed by the parent(s)/guardian and the program director.
13. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
14. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissals.

Behavior which may result in immediate suspension or dismissal include, but are not limited to:

15. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff. Prohibited to conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying, or intimidation.
16. Fighting
17. Possession of a weapon of any kinds
18. Vandalism, destruction, or theft of YMCA property or property of others
19. Sexual misconduct
20. Possession of or use of alcohol.
21. Possession of or use of controlled substances unless under the prescription of a doctor
22. Running away
23. Biting

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.

Photography/Audio – I give the Williams YMCA of Avery County (“YMCA”) and its employees and agents permission to use for any lawful purpose my and/or my child’s likeness, image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like, with the understanding that the YMCA will not publish my child’s name. I agree that the YMCA has complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, television, radio, newspapers, magazines, social media sites (e.g., Facebook, Twitter, Flickr, blogs, etc.), and/or YMCA audio, print or internet publications. I also agree that the YMCA has permission to release such pictures, etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may be used in publications and/or on websites outside of YMCA control.

Transportation – I understand and agree that for YMCA programs providing transportation for my child 1) to a YMCA program from home, 2) home from a YMCA program or, 3) from his/her school to a YMCA program, the Williams YMCA’s liability for my child begins when the child boards a YMCA vehicle and ends when the child exits the vehicle. Under some circumstances, YMCA liability will continue if my child is exiting the YMCA vehicle to participate in a YMCA program. Pickup and drop off points will be determined prior to my child attending the program for which he/she is registered. If YMCA staff encounters circumstances that they perceive as dangerous at the location where my child is scheduled to exit a YMCA vehicle, my child will not be permitted to exit.

PAYMENT POLICIES

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs at Williams YMCA of Avery County are paid.

I understand that registration fees are non-refundable and non-transferable.

Insufficient Funds – If my financial institution returns a draft or check, due to insufficient funds, I understand that I will be charged \$25 for a returned draft or a check payment that is returned. The YMCA will attempt to collect returned drafts on the YMCA’s next draft date. YMCA drafts are on the first, ninth, seventeenth and twenty-fourth of each month. The YMCA will attempt to collect payment on each draft date until payment is successfully received; however the returned payment fee is charged on the original attempt only. If I have two returned drafts or checks within a six-month period, I will no longer have the draft privilege and will be required to pay in full, in advance. When using a Credit or Debit Card if my scheduled payment is rejected, I understand it is my responsibility to contact my YMCA branch to resolve any inquiries or issues with my credit or debit card.

Cancellations – Two-week notice is required. Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies.

Bank and Credit Draft Participants – YMCA drafts are on the first, ninth, seventeenth and twenty-fourth of each month. If these dates fall on a Saturday, my account will be drafted on Friday. If these dates fall on a Sunday, my account will be drafted on Monday. I understand that I must cancel, in writing, 30 days prior to date of bank or credit card draft in order to stop payments.

Refunds – I understand that nonattendance 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. Program payment is not transferable from one YMCA program to another or from one YMCA branch to another.

ADMISSION AGREEMENT: Please read and initial

- _____ Transportation– I authorize the 21st CCLC program to transport my child to and from designated drop out and pick up points. Pick up and drop off points will be determined prior to my child attending the program.
- _____ Water Activities: I give permission for my child to participate in water activities during program hours.
- _____ Physical activity I permit my child to participate in physical activity as part of the 21st CCLC program.
- _____ Medical: In the event of an emergency, I give authorization for the 21st CCLC program to render 1st aid and, when deemed necessary, contact emergency medical personnel
- _____ Image release — I authorize photographing or digital images to be taken and published of my child to promote the 21st CCLC program.
- _____ Absences: I understand that it is my responsibility to notify the YMCA by 1 PM daily if my child will not attend the program that day. I understand I must call the YMCA and speak to the director of Youth Development
- _____ YMCA program closures: I understand that the YMCA will be closed on select holidays: Forth of July, Thanksgiving, Christmas Eve, Christmas Day, New Year’s Day.
- _____ Internet: I give authorization for my child to gain access to the Internet or have Email/Internet communications in compliance with 75 USC IChapter 91, The Children’s Online Privacy Protection Act and Title XVII, the Child’s Internet Protection Measures.
- _____ Field trips – I permit my child to attend 21st CCLC program fieldtrips and participate in trip activities, such as horseback riding, museums, swimming, hikes and the like.
- _____ FERPA/HIPPA I understand the 21st CCLC program staff may have access to my child’s medical and academic information but will ensure privacy under federal law is maintained.
- _____ I understand that after school will not be offered on early dismissal due to inclement weather.
- _____ Although the 21st CCLC program will make every effort to safeguard personal belongings, I understand that the 21st CCLC program is not responsible for any personal items lost or stolen at the 21st CCLC programs.
- _____ I understand that registration fees are non-refundable and non-transferable
- _____ Student/Parent acknowledges that they have received and read 21st CCLC Student/Parent Handbook.

INDEMNITY

In consideration of my child participating in the 21st CCLC program of the Williams YMCA, I agree on behalf of my minor child, myself, our heirs, representatives, executors, administrators, and assigns, and HEREBY DO RELEASE the Williams YMCA, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the Williams YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the 21st CCLC program whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of the Williams YMCA, its officers, agents, volunteers and employees. I further certify that my child has limitations which would preclude their participation in the 21st CCLC program. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

LIMITED ENROLLMENT AND PARTICIPATION

DUE TO SPACE LIMITATIONS ENROLLMENT IN THE 21ST CCLC PROGRAM IS LIMITED I UNDERSTAND THAT IF MY CHILD IS ABSENT FOR TWO CONSECUTIVE WEEKS WITHOUT CONTACTING THE PROGRAM DIRECTOR, HE OR SHE MAY BE TERMINATED FROM THE PROGRAM AND THEIR "SLOT" FILLED WITH ANOTHER CHILD.

I have read, understand, and agree with the policies and permissions as stated in this document and have discussed the behavior expectations with my child/ward. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. I have read and understand all the policies stated above and have received a copy of this document and understand it is my responsibility to contact the 21st CCLC Program Director or my legal counsel if clarification is needed.

PARENT OR GUARDIAN ACCEPTANCE:

Parent/legal guardian **Date**

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the fiscal agent of this 21st CCLC program to rely upon this representation for all purposes related to the program.