

YMCA of Greater Charlotte After School Registration

GENERAL INFORMATION

Thank you for choosing the **Stratford Richardson** YMCA After School program. YMCAs are among the nation top leaders in providing after school care. Our goal is to provide a safe and positive, Christian environment where children may achieve their greatest potential. Our focus is to provide positive growth experiences, recognizing each individual's needs and abilities, and to provide activities and experiences that develop and support the Christian values of Caring, Honesty, Respect, Responsibility and Faith.

This After School program **is not** licensed and regulated by the **North Carolina** State Department of Social Services. However, YMCA of Greater Charlotte After School Programs are held to internal standards of quality and safety to ensure your child's experience is safe, fun and enriching. Please note: children may not participate in the following programs or any combination thereof for more than four (4) hours in a 24 hour period in a Charlotte YMCA facility: Children's Enrichment Programs, Unlicensed Pre-School, ChildWatch, Unlicensed After School.

Registration Dates

After School registrations are processed on a first-come, first-served basis according to dates:

YMCA Member Registration begins: **May 1, 2008**

Open Registration begins: **May 15, 2008**

Registration Fees

YMCA Member Registration Fee: **\$20 – individual child**

YMCA Program Member Registration Fee: **\$20 – individual child**

Payment, Refund and Cancellation Policy

- Tuition is due **on Monday of each week.**
- Tuition may be refunded if a cancellation is made 30 days in advance. Cancellations should be directed to the After School Director.
- Registration Fees are non-refundable

Financial Assistance

YPATHWAYS Financial Assistance is available to all who qualify. Request an application at the Member Service Desk.

REGISTRATION CHECKLIST

The following items must be submitted in order for your child to be registered for After School:

- Copy of immunization records attached (please no originals)
- Signed and completed registration and health form (pages 2-4 attached)
- Registration fee
- Wallet size photo of your child attached to the registration form

To register, please bring the items above to the front desk. **Prior to the start date of After School, your first week of After School tuition must be paid in full. All tuition payments are due on Monday of each week.**

PROGRAM SELECTION

Please indicate your choice for After School:

Insert branch specific program options in this space

If you have chosen a partial week plan, please indicate the days After School care is needed. **Days will need to be the same each week unless a change is agreed upon by the After School Administrators.**

Monday Tuesday Wednesday

 Thursday Friday

Please indicate your preferred method of payment:

Check Money Order

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

YMCA Mission:



YMCA
of Greater Charlotte

YMCA of Greater Charlotte After School Registration

CHILD INFORMATION

Last Name: _____ First Name: _____ MI: _____

DOB

		/			/				
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 Age: _____ Gender: Male Female

School: _____ 08-09 Grade: _____

Home Address: _____
Street City State Zip

CONTACT INFORMATION

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Phone Number _____ Family Email Address _____

PARENT INFORMATION

Mother/Guardian: _____ DOB

		/			/				
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Home Address: _____
Street City State Zip

Phone: _____
Home Work Mobile

Email: _____
Home Work

Father/Guardian: _____ DOB

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Home Address: _____
Street City State Zip

Phone: _____
Home Work Mobile

Email: _____
Home Work

*Note: If parent is not allowed to pick up child, we must have a copy of the court order. In case of divorce or separation, please note if one or both parents can or will call for child.

AUTHORIZATION

Name: _____ Relationship to Child: _____

Phone: _____
Home Work Mobile

Name: _____ Relationship to Child: _____

Phone: _____
Home Work Mobile

Name: _____ Relationship to Child: _____

Phone: _____
Home Work Mobile

Please choose a Code Word: _____
Code words are mandatory when picking up your child. We recommend that you do not share your code word with your child as he/she may share with others. Code words are confidential and must be used by anyone authorized to pick up your child. Children will not be released without code words – no exceptions.

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HEALTH FORM

Emergency Contact: _____ Relationship to child: _____

Phone: _____
Home
Work
Mobile

Emergency Contact: _____ Relationship to child: _____

Phone: _____
Home
Work
Mobile

Please list any/all allergies your child has experienced:	Please list any/all medications your child is currently taking:

General Health Questions: *Has/Does your child...?*

	YES	NO		YES	NO
Had any recent injury, illness or infectious disease?			Ever had back problems		
Have a chronic or recurring illness/condition?			Ever had problems with joints?		
Ever been hospitalized?			Ever had chest pain during or after exercise?		
Ever had surgery?			Have any skin problems?		
Have frequent headaches?			Have diabetes?		
Ever had a head injury?			Have asthma?		
Ever been knocked unconscious?			Had mononucleosis in the past 12 months?		
Wear glasses, contacts or protective eyewear?			Had problems with diarrhea or constipation?		
Ever passed out during exercise?			Have problems with sleepwalking?		
Ever had frequent ear infections?			If female, have an abnormal menstrual history?		
Ever been dizzy during or after exercise?			Have a history of bed-wetting?		
Ever had seizures?			Ever had an eating disorder?		
Have orthodontic appliance being brought to After School?			Ever had emotional difficulties for which professional help was sought?		
Ever had high blood pressure?			Ever been diagnosed with a heart murmur?		
Ever had measles?			Ever had chicken pox?		
Ever had German measles?			Ever had mumps?		
Ever had hepatitis?					

Please explain any questions to which you answered YES: _____

INSURANCE INFORMATION

Carrier/Plan Name: _____ Is participant covered by insurance: Yes No

Name of Insured: _____ Group #: _____

Relationship to Participant: _____ SS# of Policy Holder: _____

Insurance ID Number (if different than SS# of policy holder): _____

PREFERRED MEDICAL PROVIDER

Preferred Hospital: _____

Primary Care Physician: _____ Phone: _____

Primary Dentist: _____ Phone: _____

YMCA of Greater Charlotte After School Registration

Please describe any after school activities from which your child should be exempt due to health reasons.

Please describe any current physical, mental or psychological conditions requiring medication, treatment, consideration or special restrictions while at After School.

Please list any past major medical treatments, illnesses, surgeries or injuries.

WAIVER AND AUTHORIZATION FOR TREATMENT

The health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the YMCA of Greater Charlotte assumes no responsibility for injuries or illness which my child may sustain as a result of his/her participation in After School, athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activities. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of my child's participation in activity.

While the YMCA of Greater Charlotte will make every effort to provide reasonable accommodations for mentally and physically challenged children, After School will not accept children who are (1) of danger to themselves, (2) of danger to others, (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy the After School programs. Any of the above reasons will be grounds for dismissal from After School. A parent/guardian must discuss special conditions or circumstances involving their child with the director. This must be completed prior to registration so that the administration may make a determination if reasonable accommodations may be made for your child.

I agree to have my child examined medically within a reasonable time period by the family physician stating he/she is free from communicable disease and has not been exposed to such. 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 myself/or my child. In the event that I cannot be reached in an 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 that no accident or medical insurance is provided with this activity. I give permission to the YCMA of Greater Charlotte, without limitation or obligation to use photographs, film footage, tape recordings which may include my child's image and/or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use. I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I have read and agree to all the policies set forth by the YMCA of Greater Charlotte and by the **Stratford Richardson** YMCA After School Program.

Signature

Date

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