



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LAKE NORMAN YMCA

## 2017-2018 AFTERSCHOOL & BEFORE SCHOOL CARE

### FRIENDSHIP - ACCOMPLISHMENT- BELONGING

Y Afterschool is a safe place for children to play, learn and grow when out of school. Qualified and caring afterschool counselors and staff focus on nurturing the development of each child. We provide a place to have fun, make new friends and become more active. Children create lasting memories as they engage in a variety of educational and imaginative activities that encourage them to explore who they are and what they can achieve.

## REGISTRATION INFORMATION

### REGISTRATION DATES

Afterschool registrations are processed on a first-come, first-served basis according to the dates:

- **YMCA Member Registration: April 1<sup>st</sup>**
- **Non Member Registration: April 15<sup>th</sup>**

### REGISTRATION CHECKLIST

The following items must be completed and turned in at the time of registration:

- Afterschool Registration Form (including health form and immunization dates)
- Payment in full for Registration Fee
- Monthly payment draft enrollment form

### PAYMENT POLICIES

Members/Program Participant rates are determined based on the child's YMCA membership status. All balances must be paid in full in order for a child to attend. If your membership status or program adjusted rate changes before or during the school year, your monthly payment will be adjusted accordingly.

#### Registration Fees

- YMCA Member Registration Fee: \$25 per child
- Program Participants Registration Fee: \$50 per child
- Registration fees are non-refundable
- Discounts are not applicable for registration fee

#### Program Adjustment Rate

As part of our **My Y Pricing** rate structure, an adjusted program rate is available to all who qualify. Both Members and Program Participants must provide income verification at the Sales and Service Desk in order to receive an adjusted program rate.

#### Payment Options

- Tuition is drafted on the 15<sup>th</sup> of each month from August to May and split into 10 equal payments based on annual tuition cost.
- Schools that follow a Year-Round calendar will make 10 equal payments that are due on the 15<sup>th</sup> of each month beginning July 15<sup>th</sup> and ending on April 15<sup>th</sup>.
- If registration takes place after August 15<sup>th</sup>, tuition will be divided among the remaining months of the school year.
- Alternate payment schedules maybe available upon request.

#### Late Payment Policy

Monthly payments received after the scheduled due dates will be charged an additional \$25 fee.

#### Cancellation/Transfer Policy

Cancellations or withdrawal from the afterschool program will require a 15 days written notice. Parents will be responsible for paying for all days of service through the end of the 15 day notice period.

### TRANSPORTATION

#### CMS Alternative Stop Request

All **new** and **returning** participants from a CMS school are asked to complete a **CMS Alternative Stop Request** form located on the CMS website for possible bus service to the YMCA.

#### Charter, Private Schools & IS Schools Request

All participants from the following schools are asked to complete a **YMCA transportation form** and **obtain transportation approval** for possible bus service to the YMCA: Thunderbird, Langtree, CSD, Davidson Green, Lake Norman Charter, Woodlawn, PLP, MMIB, Coddle Creek.



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## YMCA OF GREATER CHARLOTTE 2017-2018 AFTERSCHOOL

### LAKE NORMAN YMCA

#### SCHOOLS WE SERVE

##### Charlotte Mecklenburg Schools

<b>JV Washam Elementary*</b>	Huntersville Elementary	Barnette Elementary	<b>Davidson Elementary*</b>
Blythe Elementary	<b>Cornelius Elementary*</b>	Grand Oak Elementary	Torrence Creek Elementary
<b>Bailey Middle School*</b>			

##### Iredell-Statesville Schools

Coddle Creek Elementary	Mount Mourne IB		
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##### Charter and Private Schools

Pine Lake Prep Lower	Pine Lake Prep Upper	Langtree Charter Elementary	Langtree Charter Middle
<b>Thunderbird Prep*</b>	Lake Norman Charter Elem	Lake Norman Charter Middle	CSD Elementary
CSD Middle	Woodlawn School Elem	Woodlawn School Middle	Davidson Green School

**\*Noted schools also provide Before School Care Services 6:00 AM – 9:00 AM**

#### OFFERINGS & COST

Afterschool Care Program – Contact 704-716-4418 or [LakeNormanYouth@ymcacharlotte.org](mailto:LakeNormanYouth@ymcacharlotte.org) for pricing info at this time.  
Before School Care Program – Contact 704-716-4418 or [LakeNormanYouth@ymcacharlotte.org](mailto:LakeNormanYouth@ymcacharlotte.org) for pricing info at this time.  
Out of School Days – Offered based on school calendar \$25 members / \$40 program participants per day.

# YMCA OF GREATER CHARLOTTE AFTERSCHOOL REGISTRATION FORM

## SELECT YOUR BRANCH:

- Harris YMCA
- Johnston YMCA
- Lake Norman YMCA
- Lincoln County YMCA

- Lowe's YMCA
- McCrorey Family YMCA
- Morrison YMCA
- Simmons YMCA
- Siskey YMCA

- Steele Creek YMCA
- Stratford Richardson YMCA
- University City YMCA

## PARTICIPANT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Grade in Fall: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

School: \_\_\_\_\_ CMS ID# (if applicable) \_\_\_\_\_

Do you receive subsidy for your childcare payments from any of the following? ( ) Yes ( ) No

( ) CCRI ( ) County ( ) Project Lift ( ) Other: \_\_\_\_\_ Voucher #: \_\_\_\_\_

( ) I acknowledge that I may be responsible for contacting my child's school regarding transportation to the YMCA for the program.

**Email is our preferred form of communication during afterschool. All electronic communications should be sent to:**

Primary Email: \_\_\_\_\_

## EMERGENCY CONTACT AND PICK-UP AUTHORIZATION

1. Parent/Guardian (Primary) \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Phone 2 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Email \_\_\_\_\_

2. Parent/Guardian (Optional) \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Phone 2 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Email \_\_\_\_\_

**Two emergency contacts/authorized to pick-up individuals are MANDATORY in addition to all parents/guardians for each child. Emergency contacts will automatically be considered as authorized to pick-up unless indicated otherwise. Please note: Updating this information will update your child's record for ALL YMCA of Greater Charlotte programs.**

1. Emergency Contact \_\_\_\_\_

Authorized to Pick-Up:  Yes  No

Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Phone 2 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

2. Emergency Contact \_\_\_\_\_

Authorized to Pick-Up:  Yes  No

Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Phone 2 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

3. Emergency Contact \_\_\_\_\_

Authorized to Pick-Up:  Yes  No

Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Phone 2 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

4. Emergency Contact \_\_\_\_\_

Authorized to Pick-Up:  Yes  No

Relationship to Child \_\_\_\_\_

Phone 1 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Phone 2 \_\_\_\_\_  
[CIRCLE ONE: HOME WORK CELL]

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### EMERGENCY CONTACT CONTINUED

5. Emergency Contact \_\_\_\_\_

Authorized to Pick-Up:  Yes  No

Relationship to Child \_\_\_\_\_

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

[CIRCLE ONE: HOME WORK CELL]

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

[CIRCLE ONE: HOME WORK CELL]

6. Emergency Contact \_\_\_\_\_

Authorized to Pick-Up:  Yes  No

Relationship to Child \_\_\_\_\_

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

[CIRCLE ONE: HOME WORK CELL]

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

[CIRCLE ONE: HOME WORK CELL]

### PARTICIPANT INFO/MEDICAL INFORMATION

Health Insurance Carrier: \_\_\_\_\_ Health Insurance Group #: \_\_\_\_\_

#### INSURANCE AND MEDICAL INFORMATION:

Is participant covered by insurance:  Yes  No

#### PREFERRED PROVIDER:

Primary Physician (First/Last Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

#### IMMUNIZATION DATES\*

Date of last DTP (Diphtheria, Pertussis, Tetanus) \_\_\_\_\_ Date of last MMR (Measles, Mumps, Rubella) \_\_\_\_\_

Date of last Tetanus \_\_\_\_\_ Date of last Polio \_\_\_\_\_ Date of last Hib (Flu Shot) \_\_\_\_\_

Date of last Varicella (Chickenpox) \_\_\_\_\_ Date of last Hep B (Hepatitis B) \_\_\_\_\_

\*Immunization Records are required at YMCA licensed childcare sites (Johnston, Stratford Richardson, Simmons, and McCrorey)

My child is exempt from required immunizations due to medical or religious reasons.

Is the Member/Participant currently taking prescription/over the counter medications?  Yes  No

List Medication/Dosage/Purpose: \_\_\_\_\_

Any condition requiring special care?  Yes  No

(e.g. Diabetes, Gastrointestinal, Motor Disorder, Seizures, ADHD, Autism, Cognitive Disorder, Asthma, etc.)

If yes, please specify: \_\_\_\_\_

Has the Member/Participant had surgeries, illness, or any severe injuries?  Yes  No

If yes, please specify: \_\_\_\_\_

Please provide information we may not have asked that you feel is important for us to know as we incorporate your child into our program? \_\_\_\_\_

Does the Member/Participant have allergies?  Yes  No (e.g. food, medication, seasonal, etc.)

Describe all known allergies in detail: \_\_\_\_\_

Does Member/Participant have dietary restrictions?  Yes  No

Explain Dietary Restrictions: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

## **YMCA of Greater Charlotte Release of Waiver of Liability And Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.

2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.

5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.

6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.

7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.

8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.

I expressly agree that this RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent or Guardian Additional Agreement (Must be completed for participants under the age of 18)**

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2017/2018 Afterschool and Before School Care Fee Payment

Parent's Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_ YMCA Member: Yes  No   
 Parent's E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_

Child's Name (Last, First)	School	Grade	# of days attending

**After School - Circle Days Attending**

Monday   Tuesday   Wednesday   Thursday   Friday

**Elementary school choose 2, 3 or 5 day option**  
**Middle School is 5 day option only**

**Before School - Circle Days Attending**

Monday   Tuesday   Wednesday   Thursday   Friday

**A NON-REFUNDABLE REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION WITH THIS FORM.**

Registration Fee:                      \$25 – Member                      \$50 – Prg. member

**Registration Fee Paid by:    Debit \_\_\_    Credit \_\_\_    Cash \_\_\_    Check # \_\_\_**

**Please circle the payment option that best suits your personal preference and fill in the required information.**

**Option 1:**  
 Debit/Credit card payment will be charged on the 15<sup>th</sup> of the month prior. Please allow 5 days for processing credit/debit card payments.

Payment Type: Debit \_\_\_ Credit \_\_\_    Type: American Express \_\_\_ Discover \_\_\_ Master Card \_\_\_ Visa \_\_\_  
 Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Option 2:**  
 Monthly payments made by automatic withdrawal from a checking or savings account on the 15<sup>th</sup> of the month prior. Please contact [kyna.badger@ymcacharlotte.org](mailto:kyna.badger@ymcacharlotte.org) or call (704) 716-4409.

Bank Account Information: (Required for Option 2) *Please include a copy of a voided check or savings account deposit slip.*  
 Account Type: Checking     Savings                       Name of Banking Institution: \_\_\_\_\_  
 Account Number: \_\_\_\_\_                      Routing Number: \_\_\_\_\_  
 Print Name on Account: \_\_\_\_\_                      Signature: \_\_\_\_\_

Print Name on Account: \_\_\_\_\_                      Signature: \_\_\_\_\_