



Soar After School Program Registration Form

CLEVELAND COUNTY FAMILY YMCA: Spring 2023 Registration Packet

A. PARTICIPANT INFORMATION

For office use only

CHILD FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____ GENDER: MALE FEMALE

CHILD LIVES WITH: MOTHER FATHER BOTH OTHER: _____

GRADE: _____ SCHOOL ATTENDING: _____

OTHER SIBLINGS THAT MAY BE ENROLLED IN THE PROGRAM (FIRST AND LAST NAME):

NAME: _____ DATE OF BIRTH: ____/____/____

NAME: _____ DATE OF BIRTH: ____/____/____

NAME: _____ DATE OF BIRTH: ____/____/____

PARENT/GUARDIAN #1 (This person will be the first we try to contact when needed)

FIRST & LAST NAME: _____ DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

HOME PHONE: (____) ____-____ CELL PHONE: (____) ____-____ WORK PHONE: (____) ____-____

EMAIL: _____ RELATIONSHIP TO CHILD: _____

Start Date:

Security Code:
(password)

B. SECONDARY/EMERGENCY CONTACTS

The Y can only release your child to those listed on this form. They must provide a photo ID at the time of pick up. Contact the Y director to make changes to this information.

#1 FIRST & LAST NAME: _____

HOME PHONE: (____) ____-____ CELL PHONE: (____) ____-____ RELATIONSHIP TO CHILD: _____

#2 FIRST & LAST NAME: _____

HOME PHONE: (____) ____-____ CELL PHONE: (____) ____-____ RELATIONSHIP TO CHILD: _____

#3 FIRST & LAST NAME: _____

HOME PHONE: (____) ____-____ CELL PHONE: (____) ____-____ RELATIONSHIP TO CHILD: _____

#4 FIRST & LAST NAME: _____

HOME PHONE: (____) ____-____ CELL PHONE: (____) ____-____ RELATIONSHIP TO CHILD: _____

C. SESSIONS & PROGRAMS

Check your membership status and the weeks your child will attend.

- Norman Y Member: \$65 per wk/per child All Others: \$85 per wk/per child

ALL DRAFT DATES WILL BE THE
WEDNESDAY PRIOR

SPRING 2023

Check the weeks your child will attend.

- | | | |
|---|--|---|
| <input type="checkbox"/> Entire Spring 2023 Semester OR | <input type="checkbox"/> Wk 24: Feb 13-17 | <input type="checkbox"/> Wk 31: Apr 10-14 |
| <input type="checkbox"/> Wk 18: Jan 4-6 | <input type="checkbox"/> Wk 25: Feb 21-24 | <input type="checkbox"/> Wk 32: Apr 17-21 |
| <input type="checkbox"/> Wk 19: Jan 9-13 | <input type="checkbox"/> Wk 26: Feb 27-Mar 3 | <input type="checkbox"/> Wk 33: Apr 24-28 |
| <input type="checkbox"/> Wk 20: Jan 17-20 | <input type="checkbox"/> Wk 27: Mar 6-9 | <input type="checkbox"/> Wk 34: May 1-5 |
| <input type="checkbox"/> Wk 21: Jan 23-27 | <input type="checkbox"/> Wk 28: Mar 20-24 | <input type="checkbox"/> Wk 35: May 8-12 |
| <input type="checkbox"/> Wk 22: Jan 30-Feb 3 | <input type="checkbox"/> Wk 29: Mar 27-31 | <input type="checkbox"/> Wk 36: May 15-19 |
| <input type="checkbox"/> Wk 23: Feb 6-10 | <input type="checkbox"/> Wk 30: Apr 3-7 | <input type="checkbox"/> Wk 37: May 22-26 |

D. PARTICIPANT HEALTH HISTORY & INFORMATION

CHILD'S DOCTOR: _____ PHONE: (____) ____ - _____

ADDRESS: _____

CHECK ANY OF THE CONDITIONS THAT YOUR CHILD HAS EXPERIENCED:

ASTHMA AUTISM DIABETES EPILEPSY/SEIZURES ADD/ADHD

CEREBRAL PALSY/MOTOR DISORDER COGNITIVE OR LEARNING DISABILITIES

STATUS OF VISION, HEARING, SPEECH TO NOTE: _____

NON-FOOD ALLERGIES (LIST): _____

FOOD/MILK ALLERGIES (LIST): _____

If your child has food allergies or dietary restrictions, attach a statement from a medical professional. (REQUIRED)

MY CHILD CARRIES AN EPI-PEN, INHALER OR OTHER MEDICATION. (Additional medication is required)

OTHER CONDITION(S) TO NOTE: _____

Please provide symptoms and/or special instructions for any condition marked above. (Additional form is required and notes may be attached): _____

CHECK ANY OF THE FOLLOWING THAT RELATES TO YOUR CHILD:

- FEARS WE SHOULD BE AWARE OF: _____
- AN EVENT IN YOUR CHILD'S LIFE THAT MAY HAVE BEEN PARTICULARLY UPSETTING: _____
- SOCIAL OR EMOTIONAL CHARACTERISTICS YOU WOULD LIKE TO NOTE: _____

If your child is on an IEP, are you willing to provide us with a copy to allow us to better care for them? YES NO

PLEASE SEND IEP PAPERWORK TO HAGOS@YMCANORMAN.ORG AT TIME OF REGISTRATION

Other conditions requiring special care or additional information you feel would be helpful. (Additional pages may be attached) _____

PLEASE INITIAL EACH OF THE FOLLOWING:

- _____ I have provided a copy of my child's immunization records along with this form (Required to register)
- _____ I authorize Y staff members to apply sunscreen to my child as needed. (50+ SPF, spray on sunscreen supplied by guardian)
- _____ I authorize Y staff members to apply bug repellent to my child as needed. (Supplied by guardian)

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATIONS? YES NO

If yes, please include medication name, dosage and diagnosis below (unless confidential by law):

If any medication (prescription or over the counter) is required to be administered in youth programs, we need a completed "Medications Permission" form filled out by parent / guardian. These forms are available at the front desk or from your child's Program Director. Please see our Medication Policy in the Parent Handbook for more information which can be found at ymcanorman.org/afterschool or picked up at the Y.

The CLEVELAND COUNTY FAMILY YMCA has my permission to: (1) Involve my child in swimming, homework help, and p.e. activities (2) Involve my child in viewing Director-approved movies (Rated G or PG) (3) Involve my child in photographs or video taken for Y publicity purposes, (4) Transport my child, provided that the Y and the driver have the legal requirements, (5) During an emergency, hospitalize and secure proper treatment for my child. If you do not approve of any of the above activities, please contact the Youth Development Coordinator.

PRINT NAME: _____

AUTHORIZED SIGNATURE: _____

DATE: ____/____/____

STATEMENT OF UNDERSTANDING/ADMISSIONS AGREEMENT: I will notify the staff of any changes in the registration information. I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities. I have reviewed the Code of Conduct and Behavior Management Policy with my child(ren). In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Y to take my child to the nearest facility for medical attention. I understand that it is my responsibility that my child is signed out before leaving each day. I understand that hours of care are 2:45 PM to 6:00 PM and that I will be charged a \$5.00 late fee, plus an additional \$1.00 for every minute that I am late picking up my child after close of Soar Program. I understand that Y staff members are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information provided upon entry to the program.

No person under the age of 18 may pick up a child without a signed affidavit on file. I understand that the Y has a "No Outside Contact Policy" between staff and children. Y staff is prohibited from having outside contact with children in Y programs. This includes but is not limited to: babysitting, sleepovers, transportation or other non-Y events. I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that I am responsible for all of the information in the Parent Handbook. A copy of the Parent Handbook is available online at ymcanorman.org/soar or I can request a printed copy from the Y. By signature and of free will, I do hereby agree to indemnify and hold harmless the Y for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Y programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y of any claims or demands arising out of such injuries or losses. I understand that this release includes any claim based on negligence, action or inaction of the CLEVELAND COUNTY FAMILY YMCA, its staff, directors, members and guests.

BEHAVIOR POLICY STATEMENT: The YMCA reserves the right to warn, suspend, dismiss, or remove any program participant or member from our programs, program locations and facilities upon the following conditions: if their behavior poses a threat to themselves or others, if they require an inordinate amount of attention from the staff, thereby causing inadequate levels of supervision for the remainder of the participants or members, if their behavior is determined to be inappropriate within the scope and spirit of the YMCA values or for any reason within the discretion of YMCA management.

I have read the Admissions Agreement and fully agree to its terms. I understand and agree to abide by the payment agreement set forth. I understand the penalty for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulations found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modification of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

AUTHORIZATION: (1) I/we the undersigned parent/guardian, having legal custody/guardianship of _____ ("said minor") give permission for said minor to attend any Y program activities as described for said programs as listed in the brochure, program guide, or flyer. I/We hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to activities. I/we further agree and specifically intent to release and discharge the Y staff from any claim or right known or unknown to me/us at any time and preclude myself/ourselves from recovering from any loss or damage to my/our property or and personal injury or both while engaged in the activity and exposure for which I/we agree, or while I am/we are present at the assigned property and/or participating in the prescribed activity. I/we understand that the Y is not responsible for payments incurred due to said medical care. (2) The Cleveland County Family YMCA will refund program fees in only two cases: major medical illness or Y cancellation of a program. There are no prorated rates for Soar. (3) I have received and agree to read the Parent Handbook that is appropriate to the program in which my child is enrolling. We have read the Accounting Policies and agree to comply with all payments and policies. I agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangements will result in my child being removed from the roster and will be placed on the waiting list for the next available opening. I commit, by my signature, to allow the YMCA to draft, where applicable, my bank account or credit card for payment of the YMCA After School program. A 30 day notice is required for draft cancellations. I understand that it is my responsibility to make necessary changes to my account by contacting the YMCA staff.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Cleveland County Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any part to whom I am responsible.

PRINT NAME _____ AUTHORIZED SIGNATURE: _____ DATE: ____/____/____

PAYMENT & ACCOUNTING POLICIES: Payments must be made through Electronic Funds Transfer (EFT) or advance payment made in full. Weekly bank drafts will be made on Wednesday for the following week. Any change to your bank draft information must be received at least seven days prior to the date you wish the change to take effect. If your childcare payment is returned for non-sufficient funds (NSF), your payment amount along with an NSF service fee will be collected electronically. Registration and payment must be made by the Wednesday prior to the week your child will be attending. Acceptable payment forms are Electronic Funds Transfer (EFT) or advance payments made in full. Drafts will be made by the close of business on Wednesday for the following week of care. Drafts will be made each week unless a 10 days prior written notification has been provided for a vacation week or for cancellation of registration. The last draft will include any charges, fees, or balances left on the account. The Y does not issue statements for individual tax purposes. Please keep any and all canceled checks, payment receipts or bank statements as documentation of childcare payments. No adjustments in the weekly fee will be made for partially attended weeks, when care is not provided due to holidays that the Y is closed or inclement weather days. Refunds are typically not given. A Refund Request Form may be obtained from the Member Information Center and are at the discretion of the Branch Executive Director. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25.00 will be collected electronically. Any change to your bank draft information must be received at least seven days prior to the date the change to take effect. A late pick up fee of \$1.00 per minute will be assessed for each minute after 6:00pm that your child remains in our care. This fee will be drafted from the account on file. If there is no account on file, this charge must be paid at the Y Member Service Desk, and your child will not be allowed to attend until the amount due is satisfied.

E. PAYMENT INFORMATION

CHECK ONE:

- I will make advance payment in full at the Y Member Information Center at the time of registration
- I will be paying through Electronic Funds Transfer. Information below is required along with a voided check.

OPTION I.

BANK NAME: _____ CITY/STATE: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

Print your name as it appears on the bank account: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

I (we) request and authorize the CLEVELAND COUNTY FAMILY YMCA to charge the checking/savings account listed above for program fees. I (we) further authorize the financial institution to debit these fees. I (we) understand that these charges are continuous and ongoing until the end of the program, or the Y receives the proper cancellation notice of two weeks.

OPTION II.

CREDIT CARD/DEBIT CARD INFORMATION:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME (as printed on card): _____

CARD NUMBER: _____ EXPIRATION DATE: ____/____/____

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Cleveland County Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any part to whom I am responsible.

PRINT NAME _____ AUTHORIZED SIGNATURE: _____ DATE: ____/____/____

PRINT NAME OF JOINT ACCOUNT HOLDER _____ AUTHORIZED SIGNATURE: _____ DATE: ____/____/____

GIVE
YMCA AFTER SCHOOL

In addition to our program fees, we would like to help send another child to Soar After School Program. Please add the following amount to our weekly After School draft:

\$2 \$5 \$10 \$20 Other: \$ _____

A one-time donation can also be made at the Member Information Center.

AUTHORIZED SIGNATURE: _____ DATE: ____/____/____