



School Age Services Afterschool Registration 2016-17
YMCA of Metropolitan Dallas

Afterschool Site Name:	Start Date:	Days of Care: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Bus from (if applicable):	End Date:	Type of Care:
Does your family have a YMCA Membership? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full Time
Is either parent a school district employee? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Part Time (2 days or less, if applicable)
		<input type="checkbox"/> Part Time (3 days or less, Frisco ISD)

Child's Name:	Date of Birth: __/__/__	Age:	Grade in Fall 2016:
	Gender: Male or Female		
Child's Address:	City/State/Zip:	Ethnicity:	
		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American	
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard		<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander	
<input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Social Media (Facebook, Twitter, etc)		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Family/Friend Referral: _____			

Primary Parent/Guardian Contact Information MOTHER FATHER OTHER:

Primary Parent/Guardian Name:	Date of Birth: __/__/__	Cell#:
	Gender: Male or Female	Home#:
		Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication:
		<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	May the Y release to non custodial Parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____
Email Address:	Driver's License#:	

Secondary Parent/Guardian Contact Information MOTHER FATHER OTHER:

Secondary Parent/Guardian Name:	Date of Birth: __/__/__	Cell#:
	Gender: Male or Female	Home#:
		Work#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication:
		<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
Email Address:	Driver's License#:	

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License #:

Additional Authorized Pick Up (other than parents):

Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:
Name:	Phone#:	Driver's License#:



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HEALTH HISTORY

SEVERE/LIFE-THREATENING ALLERGIES - Please list any food, environmental or other allergies which are severe, life-threatening or require emergency medication:

SPECIAL CONSIDERATIONS/NEEDS - Please list any SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use and any other information which caregiver's should be aware of:

REQUIRED MEDICATIONS* - Please list any prescription medications which require administration during program hours or during emergency situations:

***PLEASE NOTE OUR MEDICATION POLICIES:**

- Non-Prescription medications REQUIRE WRITTEN NOTE AND INSTRUCTIONS by a physician
- We require a MEDICATION FORM signed by parent(s) for any medication.
- Medication must be CURRENT. We will not accept or administer expired medications.

***PLEASE NOTE OUR MEDICATION POLICIES (continued):**

- We require medication to be in its ORIGINAL CONTAINER.
- We allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or anaphylaxis. Self-carry is only permitted with the PRESCRIBING PHYSICIAN'S WRITTEN PERMISSION.

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.

Name of Licensed Physician or Emergency-Care Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Day Camp Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Parent Signature: _____ Date: _____

ADMISSION AGREEMENT

INITIAL	Transportation: I give permission for my child to be transported in an authorized YMCA Vehicle for YMCA events, field trips or to the YMCA Afterschool Program location. Parent/Guardian will be informed of all planned field trips.
INITIAL	Water Activities: I give permission for my child to participate in water activities during program hours at predetermined time.
INITIAL	Movies: I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.
INITIAL	Policies and Procedures: I have received and have read a copy of the YMCA Afterschool Parent Handbook and understand all policies and procedures therein.
INITIAL	Immunization Hearing & Vision Screening: I certify that my child's current immunization records and TB test (if applicable) can be located at the school my child is currently attending.
INITIAL	Hours of Care: I understand that I will be charged an additional \$1.00 every minute I am late after close of site.
INITIAL	Custody: YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.
INITIAL	Photo Release: The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
INITIAL	Behavior Policy: I have read and understand the YMCA Afterschool Behavior Policy in the Parent Handbook.
INITIAL	Absences: I understand that it is my responsibility to notify the YMCA by 1pm daily if my child will not attend the program that day. I understand I must call the designated YMCA Site Phone.
INITIAL	YMCA Program Closures: I understand that the YMCA will be closed on select holidays and care may be available at an additional cost. I further understand during inclement weather the YMCA will not refund or pro-rate the weekly fee.

I have read the Admission Agreement and fully agree to its terms. I have also read and accept the policies and procedures listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas 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 party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date: _____



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PAYMENT AGREEMENT

Program Site:		Participant Name:	
INITIAL	I understand I must pay by draft and I will be charged on the due dates listed on the payment schedule. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and may owe a return fee of \$25.00 per item to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.		
INITIAL	I understand payments are due on Wednesday for the next week of Afterschool Care. It is my responsibility to notify the YMCA of any changes to my situation or tuition plan.		
INITIAL	I understand if my payments are one draft behind I will be dis-enrolled from the YMCA Afterschool Program.		
INITIAL	I understand if my draft returns, I have until Friday at 4pm to take care of my past due balance or my child will be removed from the program.		
INITIAL	I agree to give a two week written notice to the YMCA if I plan to exit the program. I will complete a change form to cancel at this time. If I fail to give a two week written notice, or contact the Program Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw.		
INITIAL	I understand if I cancel the YMCA Afterschool Program and my account has a past due balance, the balance will be drafted at the time of cancellation.		
INITIAL	I understand Registration fees are non refundable or transferable. The registration fee is only waived during the Super Weekend Sign up on Friday August 5 th , Saturday August 6 th and Sunday August 7 th . I further understand if I choose to register before or after the Super Sign-up Weekend then I will have to pay the registration fee.		
INITIAL	I understand that my payment is drafted on Wednesdays based on the YMCA Weekly Payment Schedule. I also understand that the YMCA will not draft on the following days due to School Holidays unless my account is past due: November 23 rd , December 14 th , December 21 st and March 1 st or March 8 th (Dependent on School Spring Break schedule).		
INITIAL	I understand the YMCA will continue to draft outstanding balances until the past due amount is paid in full.		

WEEKLY DRAFT ACCOUNT INFORMATION

CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT				
Circle:	Visa	Master Card	American Express	Discover
Circle:	CREDIT CARD	DEBIT CARD	PRE-PAID CARD	
Circle:	Is this a Child Support or FSA card? YES NO			
Card Number:			Exp. Date: ____ / ____	
			3 OR 4 digit Security Code: ____	

Name on Card/Account: _____

Billing Address: _____

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my YMCA of Metropolitan Dallas program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ **Date:** _____



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Program Site:		Participant Name:	
Week of:	Due Date:	Week of:	Due Date:
*August 8 th	August 3 rd	January 23 rd	January 18 th
**August 15 th	August 10 th	February 6 th	February 1 st
August 22 nd	August 17 th	February 13 th	February 8 th
August 29 th	August 24 th	February 20 th	February 15 th
September 5 th	August 31 st	February 27 th	February 22 nd
September 12 th	September 7 th	*****March 6 th	March 1 st
September 19 th	September 14 th	*****March 13 th	March 8 th
September 26 th	September 21 st	March 20 th	March 15 th
October 3 rd	September 28 th	March 27 th	March 22 nd
October 10 th	October 5 th	April 3 rd	March 29 th
October 17 th	October 12 nd	April 10 th	April 5 th
October 24 th	October 19 th	April 17 th	April 12 th
October 31 st	October 26 th	April 24 th	April 19 th
November 7 th	November 2 nd	May 1 st	April 26 th
November 14 th	November 9 th	May 8 th	May 3 rd
***November 21 st	November 16 th	May 15 th	May 10 th
****November 28 th	November 16 th	May 22 nd	May 17 th
December 5 th	November 30 th	May 29 th	May 24 th
December 12 th	December 7 th		
*****December 19 th	December 14 th		
January 2 nd	December 28 th		
January 9 th	January 4 th		
January 16 th	January 11 th		

Payment due dates are based on the weeks most schools are in session, excludes 4 weeks [Thanksgiving Break, Winter Break & Spring Break]. The YMCA Afterschool Program will not operate during the 4 weeks stated above, unless we are operating Holiday Camp. Holiday Camp will be offered at select campuses.

*Uplift Education starts school the week of August 5th

**Select schools start the week of August 15th

****Select schools will be drafted for 2 days in session.

****Draft will run November 16th due to the Thanksgiving Holiday; no draft on Wednesday November 23rd (unless your account is past due)

*****Dallas ISD Winter Break starts wk of December 26th [only campus in session wk of December 19th]

*****Select schools are on Spring Break and will not have a draft.

YMCA Afterschool Program will be closed on the following dates (no Holiday Camps available):

- Monday September 5, 2016
- Thursday November 23, 2016
- Friday November 24, 2016
- Monday January 16, 2017
- Friday April 14, 2017
- Monday May 29, 2017

-Bad Weather Make-up Date for some schools; the YMCA Afterschool Program will be open if school is in session.