

Afterschool Program Registration Packet



January 2, 2019—June 14, 2019

**Goldsboro Family YMCA
900 S. Harding Drive
Goldsboro NC 27534
(919) 947-0124**



OFFICE USE ONLY

(Initial & Date)

FA Awarded/Notified/Entered _____

Participant/Sponsor Info: _____

Enroll _____ Receipt _____

Valid Email: _____

ProCare System: _____

Goldsboro Family YMCA Afterschool Program Registration

Child's Name: _____ Start Date: ___ / ___ / ___

EMAIL ADDRESS: _____

CELL PHONE: _____

Please provide a valid email address and cell phone number to receive important information and alerts about the program.

Afterschool Program Weekly Fee Information

The weekly fee is \$40 for the first child, \$30 for second child, and no charge for additional children in the household.

The fee covers afterschool care every week that school is in session, early release days, teacher work-days, and vacation days and includes an afternoon snack.

Please **CIRCLE** the school your child attends:

Elementary Schools:

Eastern Wayne Meadow Lane Northeast Northwest North Drive

Rosewood Spring Creek Tommy's Road Wayne Prep

Middle Schools:

Eastern Wayne Greenwood Norwayne Rosewood Spring Creek

Goldsboro Family YMCA Afterschool Program Registration



Child Information

Name: _____ DOB _____
Address: _____ State _____ Zip _____

Contact Information

Mother/Guardian's Name _____
Phone: (h) _____ Phone: (w) _____ Phone: (c) _____
Father/Guardian's Name _____
Phone: (h) _____ Phone: (w) _____ Phone: (c) _____

Child Medical Information

Does your child have any known allergies? Yes ___ No ___
Explain: _____

Emergency Care Information

Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Insurance Carrier: _____ Policy #: _____

Emergency Contacts

If neither Guardian can be contacted, call the following:

Name: _____	Relationship: _____
Phone: _____	Phone: _____
Name: _____	Relationship: _____
Phone: _____	Phone: _____

Medical Release

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither guardian nor the family physician can be contacted immediately.

Guardian Signature Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In this situation, other children will be supervised by a responsible adult. I will not administer any drug or any medication without the specific instructions from the physician or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest during outdoor play.

Signature of Operator Date



WE CHECK I.D.

You **MUST** be prepared to show I.D. when picking up your child EVERYDAY! YMCA Staff will not release until I.D. is provided and verified. Please remember this is to provide a safe environment for your child.

Thank you in advance for your patience.

Child's Name: _____ D.O.B.: ____/____/____

Authorized Pick-Up	Phone
1.(self) _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Supplemental Information

Child's Name _____ Date of Birth _____

Are there any special family circumstances such as adoption, divorce, separation, stepparent, etc.? If separation or divorce, what is the relationship between you and the other parent? What are custody arrangements? Who takes primary care of the child? Please explain in detail:

How did you hear about us? _____

Does your child adjust easily to new situations? ___ yes ___ no

Is there anything else we should know about your child? _____

What are your expectations for the school year?

Children's Medical Report (To be completed by Parent)

Name of Parent/Guardian _____

Address of Parent or Guardian _____

Medical History

Is your child allergic to anything? No ___ Yes ___

If yes, what? _____

Is your child currently under a doctor's care? No ___ Yes ___

If yes, for what reason? _____

Is the child on any regular medications? No ___ Yes ___

If yes, what? _____

Any history of significant previous diseases or reoccurring illness?

Diabetes No ___ Yes ___

Convulsions No ___ Yes ___

Heart Trouble No ___ Yes ___

Asthma No ___ Yes ___

Others _____

Does the child have any physical disabilities? No ___ Yes ___

If yes, please describe _____

Any mental disabilities? No ___ Yes ___

If yes, please describe _____

Signature of Parent/Guardian: _____ Date: _____

Individualized Care Plan

This form is to be completed when a parent/guardian has indicated that the child will be taking a prescription medication, requires special attention, has a special need or disability while participating in the Afterschool Program.

MEDICATION INFORMATION: _____

CHILD'S NAME: _____ **DOB:** _____

An Authorization to Dispense Medication form is available on site and must be completed before staff will administer medication.

TELL US MORE ABOUT YOUR CHILD:

If you listed a medication or indicated that your child has a special need, please explain so that our staff are familiar prior to your child attending the program.

If the YMCA staff and/or parents/guardians feel it is necessary, a meeting will be scheduled in advance to discuss specific information. The YMCA program welcomes all children to the extent that it is reasonably able to do so. A child who requires measures that constitute a fundamental alteration to the program or other undue hardship, or a child who poses a direct threat to the health and safety of others, will not be able to participate in the program. All children, regardless of their circumstances, are subject to YMCA disciplinary procedures.

PERMISSION SLIPS

Video/Photographs & Field Trips

1. I hereby give my permission for the Goldsboro Family YMCA to take photographs and videos of my child and use them in publicity if they so desire.

_____ Yes _____ No

My child, _____, has permission to accompany the YMCA Afterschool Program staff to various designations/field trips. Field trips include trips on YMCA premises such as the pool and play areas as well as trips to other businesses and parks.

I will be notified of all field trips and mode of transportation.

I have signed and dated a medical release attached to the parent/guardian packet received during registration.

Parent/Guardian's Signature

Date

Please Print Name

RELEASE FROM LIABILITY

In consideration of my requesting my child's attendance with the group from the Goldsboro Family YMCA, I accept any and all responsibility for, and assume the risk of, and all injuries of his/her participation in the program and I hereby expressly discharge and hold harmless from any liability whatsoever, the Goldsboro Family YMCA, the various branches and subdivisions thereof, as well as the officers, agents, employees, and servants thereof, in their capacities as representatives of the Goldsboro Family YMCA, whether employed or voluntary.

I certify that I am familiar with the content of this release and that I have read and understand the same and that it is my intention by signing this release, that the same be binding not only upon me, but also upon my heirs, administrators, executors, successors, and/or assigns.

Parent/Guardian's Signature

Date

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return to the Goldsboro Family YMCA.

Please keep and refer to your copy of the Goldsboro Family YMCA Program Policies. Your signature below indicates that you have received them.

I understand that the Goldsboro Family YMCA staff and volunteers are not allowed babysitting or transporting of children at any time outside of the YMCA program.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that participants' files, records, and payment information pertaining to the Family YMCA Preschool and Child Care Center Programs are property of the Goldsboro Family YMCA.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA or other arrangements must be made by directly speaking with the Youth Director to inform him/her of the change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, the staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that state law mandates the Goldsboro Family YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above and the Goldsboro Family YMCA Policies & Procedures.

Parent/Guardian's Signature

Date

Please Print Child's Name

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this center will practice the following discipline and behavior management policy:

I, the undersigned parent or guardian of _____, do hereby state that I

WE

- **DO** praise, reward and encourage the children.
- **DO** reason with and set limits for the children.
- **DO** model appropriate behavior for the children.
- **DO** modify the classroom environment to attempt to prevent problems before they occur.
- **DO** listen to the children.
- **DO** use short supervised periods of "time out".
- **DO** explain things to the children on their level.
- **DO** treat the children as people and respect their needs, desires, and feelings.

WE

- **DO NOT** spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish.
- **DO NOT** make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- **DO NOT** shame or punish the children when bathroom accidents occur.
- **DO NOT** deny food or rest as punishment.
- **DO NOT** relate discipline to eating, resting, or sleeping.
- **DO NOT** leave children alone, unattended, or without supervision.
- **DO NOT** allow discipline of children by other children.
- **DO NOT** criticize, make fun of, or belittle children's families or ethnic groups.

have read and received a copy of the center's Discipline and Behavior Management Policy and that the center director has discussed the policy with me.

Signature of Parent/Guardian _____ Date _____

Goldsboro Family YMCA Afterschool Program Hours, Rates, and Accounting Policies

Center Hours

After school: 2:30 pm-6:00 pm

Teacher Work Days & Designated Holidays:
7:00am-6:00pm

Program Fees

\$40 for 1st child

\$30 for 2nd child

No charge for additional children in the household

ACCOUNTING POLICIES

- The Program Fee is a weekly payment that is due on Friday before the start of each week. If you choose automatic payments, you can schedule the draft weekly or semi-monthly on the 1st and 15th of each month.
- Services will be suspended if payments are not made in a timely manner. All payments must be made before services can resume.
- Late Pick up Fee: A late pick up fee of \$1.00 per minute will be charged after 6:05pm (Preschool/Child Care Center Clock). The late fee will be applied to your account. If a parent is not located by 7:00pm, DSS (Department of Social Services) will be contacted.
- Holidays/Vacations: Due to the fact we are closed so few holidays, there will not be a reduction in program fees during the weeks these holidays occur.
- Closings: Preschool & Child Care Center will be closed Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Years Eve and New Years Day.
- Check Policy: Make all checks payable to the YMCA. There will be a \$30.00 charge for all returned checks. If two checks are returned, cash or money order will be required for future payments.

I/We understand and agree to pay in accordance with the above fee schedule and Accounting Policies of the Goldsboro Family YMCA.

I understand that my weekly fee is: \$ _____

Signature of Parent/Guardian: _____ Date: _____



GOLDSBORO FAMILY Y PRESCHOOL & CHILD CARE CENTER
Electronic Funds Transfer (EFT) Authorization Form
 900 S. Harding Dr. Goldsboro, NC 27534
 Preschool: 919-778-0016 School –Age: 919-947-0124
 www.GoldsboroYMCA.org

Section 1: Update Automatic Payment Personal Information

Request Automatic Payment:

Adult #1 Full Legal Name: _____

Adult #2 Full Legal Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Section 2: EFT Payment Authorization*

EFT transactions are posted to your account the Monday payment is due. Draft will continue until cancelled. I understand that failure to provide correct banking information will result in immediate termination of program registration. Initial Here

I understand that if, for any reason, my bank refuses to honor a draft, program registration will be terminated immediately. Registration will be reinstated only after full payment of all fees. The YMCA collects no service charge or interest for the use of the bank draft plan, but does charge a \$30 fee for drafts returned for reason of insufficient funds, closed accounts or stopped payment.

Initial Here

I, _____, authorize Goldsboro Family Y to draft my bank account for \$_____ on the schedule indicated below for payment of my program fees.

Schedule my draft **WEEKLY** (each Monday) or **SEMI-MONTHLY** (on the 1st & 15th)

Name on Account	
Routing Number	Account Number
Account Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Signature	

*Attach voided check.