



**2022-2023 GOLDSBORO FAMILY YMCA
AFTERSCHOOL REGISTRATION FORM**
General and Emergency Pickup Information

Financial Assistance

YMCA Member

Brogden Primary School

All sections of this form must be completed before we can accept any child for care.

***PLEASE PRINT

For registration questions, please contact Casey Young,
Director of Community Impact, at
(919) 778-8557 or impact@goldsboroymca.org

OFFICE AFTERSCHOOL REGISTRATION CHECKLIST

- _____ General and Emergency Pickup Information
- _____ Authorization for Emergency Medical Care
- _____ Fees & Payment Guidelines
- _____ Waivers & Payment Method Authorization Form

CODE WORD _____

CHILD 1 INFORMATION:

School Name: _____ **Afterschool Start Date:** _____

Child (1) First Name: _____ **Last Name:** _____

Circle One: BOY GIRL Prefer not to answer **Date of Birth:** ___/___/___ **Grade (2022-2023):** _____
Child (1) Ethnicity HISPANIC OTHER **CHILD (1) Race** WHITE BLACK ASIAN AMERICAN INDIAN HAWAIIAN/PACIFIC ISLANDER

In order to best meet your child's needs, we require that you list any health conditions that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware: Check the Box if child has NO SPECIAL NEEDS or ILLNESSES

FOOD ALLERGIES: All children with a Food Allergy are required to have a Food Allergy Emergency Plan on file. If your child has a food allergy, please note that we require the plan to be emailed to us PRIOR to accepting your registration as complete. Plans must be created by a health care professional and signed and dated, as well as signed and dated by the parent/guardian. The plan must include specific foods your child is allergic to and any reactions that they may have to each of these foods. DOES YOUR CHILD HAVE FOOD ALLERGIES? YES NO _____

CHILD 2 INFORMATION:

Child (2) First Name: _____ **Last Name:** _____

Circle One: BOY GIRL Prefer not to answer **Date of Birth:** ___/___/___ **Grade (2022-2023):** _____ OTHER

Child (2) Ethnicity HISPANIC **CHILD (2) Race** WHITE BLACK ASIAN AMERICAN INDIAN HAWAIIAN/PACIFIC ISLANDER

In order to best meet your child's needs, we require that you list any health conditions that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware: Check the Box if child has NO SPECIAL NEEDS or ILLNESSES

FOOD ALLERGIES: All children with a Food Allergy are required to have a Food Allergy Emergency Plan on file. If your child has a food allergy, please note that we require the plan to be emailed to us PRIOR to accepting your registration as complete. Plans must be created by a health care professional and signed and dated, as well as signed and dated by the parent/guardian. The plan must include specific foods your child is allergic to and any reactions that they may have to each of these foods. DOES YOUR CHILD HAVE FOOD ALLERGIES? YES NO _____

PARENT/GUARDIAN INFORMATION #1

Person listed as Parent/Guardian #1 will be the sole person authorized to request changes to information and/or cancellation of care and the one financially responsible for program payments.

Primary Parent/Guardian: Mother Father Other
Primary's Date of Birth: ___/___/___
Parent/Guardian First Name: _____
Parent/Guardian Last Name: _____
Email: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Work Phone: _____

PARENT/GUARDIAN INFORMATION #2

Please check box if Parent #2 is authorized to make changes to childcare account

Secondary Parent/Guardian: Mother Father Other
Secondary's Date of Birth: ___/___/___
Parent/Guardian First Name: _____
Parent/Guardian Last Name: _____
Email: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Work Phone: _____

Check here if authorized to Pick Up

Preferred method of communication _____

Check here if authorized to Pick Up



**2022-2023 GOLDSBORO FAMILY YMCA
AFTERSCHOOL REGISTRATION FORM
PAGE 2**

Participant Emergency Information Waiver, Release,
Indemnification and Hold Harmless Agreement &
Parent/Guardian and Participation Statement of Agreement

1. Child's Name: _____

2. Child's Name: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UPS

Emergency Contact (1) MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN THE PARENTS/GUARDIAN LISTED ON PAGE 1

First and Last Name: _____ **Cell Phone:** _____

Address: _____ **City/State/Zip:** _____

Work Phone: _____ **Other phone:** _____

Authorized to Pick Up?
YES NO

Emergency Contact (2)

First and Last Name: _____ **Cell Phone:** _____

Address: _____ **City/State/Zip:** _____

Work Phone: _____ **Other phone:** _____

Authorized to Pick Up?
YES NO

Waiver, Release, Indemnification and Hold Harmless Agreement: I understand that YMCA activities have inherent risks and in consideration for membership at the YMCA and participation in YMCA programs I hereby assume all risks and hazards incident to my participation in all YMCA activities, due to the negligence of the YMCA or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA, including volunteer service. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property or participation in programs.

Large Group Format: I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND THAT I WILL RECEIVE A COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLES AGREEMENT:

X _____
Signature of Parent/Guardian

X _____
Date

PARENT/GUARDIAN AND PARTICIPATION STATEMENT OF AGREEMENT

- I understand that I may not leave my child(ren) at the YMCA location unless there is a YMCA staff member present.
- I understand that my child(ren) will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid state issued photo ID's and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by North Carolina Law to report any suspected cases of child abuse or neglect.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child(ren) may be removed from a YMCA program for any of the following reasons:
 1. Failure to pay program fees by designated deadlines
 2. Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA
 3. Inappropriate behavior towards YMCA staff
 4. Failure to observe any of the conditions listed in the seasonal Parent Handbook
 5. Custodial issues which cannot be resolved by parents or legal guardians

- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Program:
 1. Swimming/Water Activities
 2. View PG rated films
 3. Participate in Afterschool Activities including Field Trips
 4. Travel on YMCA arranged transportation
 5. Participate in photos or videos for YMCA publication

1. Child's Name: _____

2. Child's Name: _____

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE GOLDSBORO FAMILY YMCA PARENT AND PARTICIPANT/ GUARDIAN STATEMENT OF AGREEMENT AND AGREE TO THE TERMS LISTED ABOVE:

X _____
Signature of Parent/Guardian

X _____
Date

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE GOLDSBORO FAMILY YMCA'S AFTERSCHOOL HANDBOOK.

X _____
Signature of Parent/Guardian

X _____
Date

RATES

Due to a generous donation, sponsorships will be provided to the first 50 participants.

ANNUAL CAMPAIGN:

The Goldsboro Family YMCA believes that every child deserves the opportunity to participate in safe, fun, and enriching afterschool programming. Your donation will provide another child that opportunity.

I would like to donate to the Annual Campaign so that a child in need can attend Y Afterschool.

Please charge me and additional onetime fee: \$20 \$50 \$100

Please add \$10 to my child's monthly/weekly fee

Authorization: I hereby authorize the Goldsboro Family YMCA to debit the above credit card/bank draft/EFT on the dates indicated for my 2022-2023 Afterschool Care payments in the amount of _____. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____
Signature of Parent/Guardian

X _____
Date

