



2022-2023 GOLDSBORO FAMILY YMCA AFTERSCHOOL REGISTRATION FORM

General and Emergency Pickup Information

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

***PLEASE PRINT

For registration questions, please contact Director of Youth Development
Whitney Gilbert at (919) 223 - 8312 or sacc@goldsboroyymca.org

Financial Assistance

YMCA Member

- St. Mary's Location
- Northeast Location
- YMCA Child Care Center Location

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 special needs 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 special needs 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

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

Behavior and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas – running away is not acceptable.
6. Follow all rules of program facility and off site destinations.

The Discipline Policy

The YMCA utilizes a 3 strike approach to discipline.

1. If a participant is unable to comply with the behavior expectations, the child will be given an initial warning and his or her parents/guardians will be notified.
2. If a participant's behavior continues to be disruptive, he or she will receive a reprimand (meaning the child has gone through the three strike steps) and parents will be notified and consulted concerning the participants behavior.
3. If the participant receives three reprimands, he or she will be suspended for three days. After six reprimands the participant will be suspended for five days. After nine reprimands, the child will be expelled from the program.
4. The YMCA reserves the right to suspend or expel a child from the program if his or her behavior places other participants or staff in immediate harm and/or if his or her behavior places him or herself in immediate harm.

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the CEO (or his designee) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances. I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's ability to participate and the YMCA's consideration of any requested accommodation.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE GOLDSBORO FAMILY YMCA BEHAVIOR AND DISCIPLINE POLICY AND AGREE TO THE TERMS LISTED ABOVE:

X _____
Signature of Parent/Guardian

X _____
Date



**2022-2023 GOLDSBORO FAMILY YMCA
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Waiver, Release, Indemnification and Hold Harmless Agreement
& Parent/Guardian and Participation Statement of Agreement

1. Child's Name: _____

2. Child's Name: _____

WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:

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 publications

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



**2022-2023 GOLDSBORO FAMILY YMCA
AFTERSCHOOL REGISTRATION FORM
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Fees and Payment Policies and Bank Draft Agreement

1. Child's Name: _____
2. Child's Name: _____

FEES AND PAYMENT POLICIES

REGISTRATION FEES are -Non-refundable/Non-transferable

LATE PAYMENT FEE: A payment is considered late if it is received after the set payment date (the 1st or 15th of the month or the Monday Prior for weekly payments). A \$25 late fee will be charged for all late payments. In the case that you are unable to pay fees by the set date, call the Director of Youth Development ahead of time in order to make a payment arrangement. If an overdue balance is not reconciled by 5 days past due, the Participant will be canceled from Afterschool. **If canceled from afterschool program due to non-payment, a re-registration fee of \$30 will be due if you choose to re-enroll your participant.**

CANCELLATION POLICY: After initial enrollment, no refunds or credits will be given for registration fee. All changes to a child's enrollment or cancellations must be received by YMCA Program Staff, by submitting the cancellation form two weeks or 14 calendar days in advance of the effective cancellation date. A \$30 cancellation fee will be charged if notice of cancellation is received less than two (2) weeks or 14 calendar days prior to the effective date.

NSF PAYMENTS: A \$25.00 fee is charged for all non-sufficient funds and declined credit card charges. Children will not be allowed to attend Afterschool unless payment has been received and recorded by the Director of Youth Development. After two or more NSF payments, we will ask that the parent/guardian provide another form of payment.

PROGRAM FEES: Yearly fees are divided into nine equal payments (Sept - May) for all schools. Parents may choose to be drafted on the 1st or the 15th of the month. **Drafts will be made in advance of care** (i.e. Sept fees will be drafted on August 15th or Sept 1st).

BANK/CREDIT/DEBIT DRAFT AGREEMENT:

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. A \$25 fee will be assessed on all returns (non-sufficient funds or otherwise). Please check the box and fill out the pertinent information for option 1 or option 2.

OPTION 1

I choose to utilize the EFT option for weekly/monthly payment (direct debit from my Checking or Savings)

Bank Name _____ Name on Account _____
Account Type: (circle one) CHECKING or SAVINGS Routing Number _____ Account Number _____
Authorized Signature _____ Date _____

OPTION 2

I choose to utilize the Credit Card Payment option for weekly/monthly payment (automatic direct charge to credit card)

Credit Card Type (circle one) Visa/MC/Discover Name on Card _____
Card Number _____ Expiration Date ____/____ CVV _____
Authorized Signature _____ Date _____

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE GOLDSBORO FAMILY YMCA'S FEES AND PAYMENT POLICIES AND ADHERE TO THE BANK/CREDIT/DRAFT Agreement.

X _____
Signature of Parent/Guardian

X _____
Date



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1. Child's Name: _____

2. Child's Name: _____

Rate Options

\$280/Month Charged on:

- 1st of the Month**
- 15th of the Month**

\$70/Weekly Charge

- Monday Prior**

We will be adding Monthly Friday Clubs to our curriculum. As we plan on our special clubs and activities we would like to know what interests your child has.

Please circle all that apply below:

Music Dance Pokemon Robotics Art Cooking Science Writing
 Drama Outdoor Education Math Fitness Other _____

ADDITIONAL CHILD INFO

List any friends attending our program

Personality of your child

Please list any information that may help us better understand and engage your child and provide them with a happy YMCA experience.

Please list any health and/or emotional conditions that we should be aware of.

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 an additional one time 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