

# **Afterschool Program Registration Packet**



**August 28, 2017—June 9, 2018**

**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 **\$75** for members and **\$105** for non-members. The fee covers afterschool care every week that school is in session, early release days, teacher workdays, 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:

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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? \_\_\_\_\_

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What are your expectations for the school year?

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### 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: \_\_\_\_\_



**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

### **Registration Fee Due at Enrollment**

Afterschool Registration Fee: \$20

### **AFTERSCHOOL PROGRAM FEES**

#### **Member**

\$75 for 1 child per week

#### **Non-Member**

\$105 for 1 child per week

### **ACCOUNTING POLICIES**

- The Registration Fee for each child is due upon enrollment and is NON-REFUNDABLE and NON-TRANSFERABLE.
- The Program Fee is a weekly payment that is due on Monday 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.
- Failure to make scheduled payment- Services will be suspended immediately if no payments are made in a timely manner. All payments must be made before services can resume.
- Late Pick up Fee- A late pick up fee of \$5.00 will be charged for the first 5 minutes after 6:00pm (Preschool/Child Care Center Clock), an additional \$15 after 6:15, and an additional \$25 after 6:30. 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, Christmas Eve, Christmas Day, Day after 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**

After School     Camp     Preschool

**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.**