



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER CHARLOTTE 2019-2020 AFTERSCHOOL

FRIENDSHIP - ACCOMPLISHMENT- BELONGING

Y Afterschool is a safe place for children to play, learn and grow when out of school. Qualified and caring afterschool counselors and staff focus on nurturing the development of each child. We provide a place to have fun, make new friends and become more active. Children create lasting memories as they engage in a variety of educational and imaginative activities that encourage them to explore who they are and what they can achieve.

REGISTRATION INFORMATION

REGISTRATION DATES

Afterschool registrations are processed on a first-come, first-served basis according to the dates:

- **YMCA Member Registration: April 1st**
- **Program Participant Registration: April 15th**

REGISTRATION CHECKLIST

The following items must be completed and turned in at the time of registration:

- Afterschool Registration Form
- Payment in full for Registration Fee
- Monthly payment draft enrollment form

PAYMENT POLICIES

Members/Program Participant rates are determined based on the child's YMCA membership status. All balances must be paid in full in order for a child to attend. If your membership status or program adjusted rate changes before or during the school year, your monthly payment will be adjusted accordingly.

Registration Fees

- YMCA Member Registration Fee: \$25 per child
- Program Participants Registration Fee: \$50 per child
- Registration fees are non-refundable
- Discounts are not applicable for registration fee

Program Adjustment Rate

As part of our My Y Pricing rate structure, an adjusted program rate is available to all who qualify. Both Members and Program Participants must provide income verification at the Sales and Service Desk in order to receive an adjusted program rate.

Payment Options

- Tuition is drafted on the 15th of each month from August to May and split into 10 equal payments based on annual tuition cost.
- Schools that follow a Year-Round calendar will make 10 equal payments that are due on the 15th of each month beginning July 15th and ending on April 15th.
- If registration takes place after August 15th, tuition will be divided among the remaining months of the school year.
- Alternate payment schedules maybe available upon request.

Late Payment Policy

Monthly payments received after the scheduled due dates will be charged an additional \$25 fee.

Cancellation/Transfer Policy

Cancellations or withdrawal from the afterschool program will require a 15 days written notice. Parents will be responsible for paying for all days of service through the end of the 15 day notice period.

FOR MORE INFORMATION ABOUT AFTERSCHOOL, PLEASE CONTACT:

BraceFamilyAfterSchool@ymcacharlotte.org | 704 716 4309 | ymcacharlotte.org

Mackenzie.boone@ymcacharlotte.org | 704 716 4222 | ymcacharlotte.org



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TRANSPORTATION

CMS Alternative Stop Request

All new and returning participants from a CMS school are asked to complete a CMS Alternative Stop Request form located on the CMS website for possible bus service to the YMCA.

UCPS Alternate Stop Request – Lake Park Site

Poplin Elementary students traveling to our new Lake Park Afterschool site must complete an alternate stop request form with Union County Transportation.

UCPS and Charter School Busing – Hemby Program Center

Contact the Afterschool Director (info below) to ensure space on buses from UCPS and Charter Schools to the Hemby Program Center.
*Transportation for Charter Schools follow the UCPS Calendar only.

CMS Schools We Service

Matthews Elementary*, McKee Road Elementary*, Providence Springs Elementary*, Elizabeth Lane*, J.M. Robinson Middle*, Crestdale Middle*, South Charlotte Middle*.

Union County Schools We Service

Antioch Elementary, Indian Trail Elementary, Weddington Elementary, Weddington Middle**, Wesley Chapel Elementary**

Lake Park Site: Sardis Elementary**, Poplin Elementary, Porter Ridge Elementary**.

Charter/Private Schools We Service

Matthews Charter**, Socrates Academy**

* Transportation is provided by CMS Schools. Please be sure to fill out a transportation request form with your school for bus drop off.

** Transportation availability is subject to change

Afterschool care will not be provided for Early Release or Out of School Days unless they coincide with the CMS or UCPS calendars.

Authorized Pick Up

For the safety of your child, participants will only be released to the legal guardian or responsible adult(s) listed on the student's registration form. Every adult must present a photo ID at rides out.

HOLIDAYS AND WORKDAYS

YMCA Afterschool is closed on:

- 9/2, 11/27-29, 12/24-26, 1/1, 5/25.

All School Out of School Days:

- 10/9, 11/11, 12/23, 12/27, 12/30-1/3, 1/20, 2/17, 4/9-10, 4/13-17

School specific Out of School Days:

- CMS: 10/28, 11/5, 1/24, 3/27
- UCPS: 1/21, 3/20

* The Y is open from 7:00am-6:30pm on all planned Out of School Days at the **Hemby Program Center only.**

** The cost for all out of school days is \$40 for members and \$55 for program participants and no additional fees will be charged for full day field trips.
***Please note that the program fees will not include Out of School Days, Holiday Camp, or Spring Break Camp as all these require a separate registration.

PROGRAM SELECTION

Please check your choice for Afterschool Care:

K-5th: Member Prgm Participant

5 days/wk: \$14.75 a day \$18.75 a day

3 days/wk: \$18.25 a day \$21.75 a day

6th-8th: Member Prgm Participant

5 days/wk: \$9.00 a day \$13.50 a day

3 days/wk: \$11.50 a day \$15.25 a day

If you have chosen a partial week plan, please check the days afterschool care is needed. Days will need to be the same each week unless a change is agreed upon by the Afterschool Director in writing.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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SELECT YOUR BRANCH:

- | | | |
|--|--|--|
| <input type="radio"/> Keith Family YMCA | <input type="radio"/> McCrorey YMCA | <input type="radio"/> Steele Creek YMCA |
| <input type="radio"/> Brace Family YMCA | <input type="radio"/> Lake Norman YMCA | <input type="radio"/> Morrison YMCA |
| <input type="radio"/> Harris YMCA | <input type="radio"/> Lincoln County YMCA | <input type="radio"/> Sally's YMCA |
| <input type="radio"/> Johnston YMCA | <input type="radio"/> Lowe's YMCA | <input type="radio"/> Simmons YMCA |

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 DOB: _____ Age: _____ Gender: Male Female
 Grade in Fall: _____ Primary Cell Phone: _____
 School : _____ School ID #: _____ **

Email is our preferred form of communication during our program. All electronic communications should be sent to:

Primary Email: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

1. Parent/Guardian (primary) _____
 Relationship to Child _____
 Phone 1: _____
 (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____
 (CIRCLE ONE: HOME WORK CELL)
 Email: _____

2. Parent/Guardian (primary) _____
 Relationship to Child _____
 Phone 1: _____
 (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____
 (CIRCLE ONE: HOME WORK CELL)
 Email: _____

Two emergency contacts are mandatory (other than parents/guardians) for each child. Please also include the names of individuals who you authorize to pick up your child from our program.

1. Emergency Contact _____
 Can Pick-up child : **Yes** **No**
 Relationship to Child _____
 Phone 1: _____
 (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____
 (CIRCLE ONE: HOME WORK CELL)

2. Emergency Contact _____
 Can Pick-up child : **Yes** **No**
 Relationship to Child _____
 Phone 1: _____
 (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____
 (CIRCLE ONE: HOME WORK CELL)

*** In an effort to ensure quality programming that impacts participants, the YOGC pulls academic data from school systems to measure outcomes. The school ID is critical for us to obtain this information from the child's school. We have an MOU in place with the school and it ensures confidentiality and complies with FERPA legislation. Information about your child will never be shared with outside parties and internally stays within our accountability department. The attached waiver will need to be signed and returned. If you wish to not provide your child's ID then simply write DECLINE on the line for school ID number.

Last Name: _____ **First Name:** _____ **MI:** _____

**YMCA of Greater Charlotte
Release of Waiver of Liability And Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/ OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.

I expressly agree that this **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

**Parent or Guardian Additional Agreement
(Must be completed for participants under the age of 18)**

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Name: _____ **Parent Signature:** _____ **Date:** _____



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2019-20 Brace Family YMCA Afterschool Payment Information Form

We will have three payment options for your convenience. Please choose from the following options by initialing in the space provided and supplying us with the necessary documents for your payments. For your safety and security we will not take payments over the phone or via email.

Please choose from the following options by initialing in the space provided:

_____ **Pay in full** at time of registration.

_____ **Bank Draft** will occur on the 15th of the month. **Non –Refundable Registration and Supply Fee is due at time of sign up.** In order to authorize direct debit from checking or savings account, we must have a voided check on file for an active account. A \$25 fee will be added to all NSF drafts, if your draft doesn't go through you will be notified by a YMCA employee and your child(ren) can be removed from those specific classes until payment is received in full.

_____ **Debit/Credit Card** will occur on the 15th of the month. **Non-Refundable Registration and Supply Fee is due at time of sign up.** A \$25 fee will be added to all NSF drafts, if your draft doesn't go through you will be notified by a YMCA employee and your child(ren) can be removed from those specific classes until payment is received in full. We reserve the right to automatically retry your card or drafting account for any past due balance.

Note:

- **Credit Cards may take 1 to 3 days to post to your account.**
- **There is a 15 day processing period prior to draft date to make any changes to an account.**
- **** Please be sure to bring your card with you as well.**

Cancellation & Missed payment Policy: We require a 15 day written notice for any cancellations. The member is responsible for payments that would occur and we do not prorate or refund any payments made within the 15 days. We also reserve the right to retry any missed payment, any time using any payment type on file for missed drafts.

YMCA MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.