



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER CHARLOTTE

STRATFORD RICHARDSON 2017-2018 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

Before School

Members: \$60/week

Program Participants: \$75/week

Afterschool

Members: \$90/week

Program Participants: \$120/week

REGISTRATION DATES

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

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

REGISTRATION CHECKLIST

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

- Afterschool Registration Form (including health form and immunization records)
- 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.

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.

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.

Schools We Serve

We welcome all children to our program. The schools we serve are primarily within a 5-6 mile radius. If your child attends a school out side of the radius, it is the parent's responsibility to coordinate transportation to and/or from our program with Charlotte Mecklenburg School or another agency. The list of schools we serve change year to year based on need, first come first serve bases and enrollment.

FOR MORE INFORMATION ABOUT AFTERSCHOOL, PLEASE CONTACT: April Springs

april.springs@ymcacharlotte.org | 704 716 4848 | ymcacharlotte.org

YMCA OF GREATER CHARLOTTE AFTERSCHOOL REGISTRATION FORM

SELECT YOUR BRANCH: Stratford Richardson YMCA

Please select the program(s) you would like to enroll in: Before School Afterschool All Day Out

How will your child be transported to the YMCA: School Bus YMCA Bus Other

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Gender: Male Female

Grade in Fall: _____ Primary Phone: _____
[CIRCLE ONE: HOME WORK CELL]

School: _____ CMS ID# (if applicable) _____

Do you receive subsidy for your childcare payments from any of the following? () Yes () No

() CCRI () County () Project Lift () Other: _____ Voucher #: _____

() I acknowledge that I may be responsible for contacting my child's school regarding transportation to the YMCA for the program.

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

Primary Email: _____

EMERGENCY CONTACT AND PICK-UP AUTHORIZATION

1. Parent/Guardian (Primary) _____

DOB _____ / _____ / _____

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

Email _____

2. Parent/Guardian (Optional) _____

DOB _____ / _____ / _____

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

Email _____

Two emergency contacts/authorized to pick-up individuals are MANDATORY in addition to all parents/guardians for each child. Emergency contacts will automatically be considered as authorized to pick-up unless indicated otherwise. Please note: Updating this information will update your child's record for ALL YMCA of Greater Charlotte programs.

1. Emergency Contact _____

Authorized to Pick-Up: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

2. Emergency Contact _____

Authorized to Pick-Up: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

3. Emergency Contact _____

Authorized to Pick-Up: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

4. Emergency Contact _____

Authorized to Pick-Up: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

Last Name: _____ First Name: _____ MI: _____

EMERGENCY CONTACT CONTINUED

5. Emergency Contact _____

Authorized to Pick-Up: Yes No

Relationship to Child _____

Phone 1 _____

[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____

[CIRCLE ONE: HOME WORK CELL]

6. Emergency Contact _____

Authorized to Pick-Up: Yes No

Relationship to Child _____

Phone 1 _____

[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____

[CIRCLE ONE: HOME WORK CELL]

PARTICIPANT INFO/MEDICAL INFORMATION

Health Insurance Carrier: _____ Health Insurance Group #: _____

INSURANCE AND MEDICAL INFORMATION:

Is participant covered by insurance: Yes No

PREFERRED PROVIDER:

Primary Physician (First/Last Name): _____ Phone: _____

Preferred Hospital: _____

IMMUNIZATION DATES*

Date of last DTP (Diphtheria, Pertussis, Tetanus) _____ Date of last MMR (Measles, Mumps, Rubella) _____

Date of last Tetanus _____ Date of last Polio _____ Date of last Hib (Flu Shot) _____

Date of last Varicella (Chickenpox) _____ Date of last Hep B (Hepatitis B) _____

*Immunization Records are required at YMCA licensed childcare sites (Johnston, Stratford Richardson, Simmons, and McCrorey)

My child is exempt from required immunizations due to medical or religious reasons.

Is the Member/Participant currently taking prescription/over the counter medications? Yes No

List Medication/Dosage/Purpose: _____

Any condition requiring special care? Yes No

(e.g. Diabetes, Gastrointestinal, Motor Disorder, Seizures, ADHD, Autism, Cognitive Disorder, Asthma, etc.)

If yes, please specify: _____

Has the Member/Participant had surgeries, illness, or any severe injuries? Yes No

If yes, please specify: _____

Please provide information we may not have asked that you feel is important for us to know as we incorporate your child into our program? _____

Does the Member/Participant have allergies? Yes No (e.g. food, medication, seasonal, etc.)

Describe all known allergies in detail: _____

Does Member/Participant have dietary restrictions? Yes No

Explain Dietary Restrictions: _____

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: _____