



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Harris YMCA 2019-20 After School Program

Thank you for choosing the Harris YMCA Afterschool program. YMCAs are among the nation's top leaders in providing after school care. Our goal is to provide a safe and positive Christian environment where children may achieve their greatest potential. Our focus is to provide positive growth experiences, recognizing each individual's needs and abilities, and to provide activities and experiences that develop and support the 5 Key Values of Caring, Honesty, Respect, Responsibility and Faith.

This Afterschool program is not licensed or regulated by the North Carolina State Department of Social Services. However, the YMCA of Greater Charlotte Afterschool Programs are held to internal standards of quality and safety to ensure your child's experience is safe, fun and enriching. Please note: children may not participate in the following programs or any combination thereof for more than four (4) hours in a 24 hour period in a YMCA of Greater Charlotte facility: Children's Enrichment Programs, Unlicensed Pre-School, Drop In Childcare, Unlicensed After School.

### REGISTRATION INFORMATION

#### PAYMENT POLICIES

##### Registration Dates

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

YMCA Member Registration begins: **April 1, 2019**

Open Registration begins: **April 15, 2019**

##### Registration Fees

YMCA Member Registration Fee: \$25 – individual child

Program Participant Registration Fee: \$50 – individual child

##### Payment, Refund and Cancellation Policy

- Tuition will be drafted on the 15<sup>th</sup> of each month from August to May and split into 10 equal payments based on the annual tuition cost.
- Tuition may be refunded if a cancellation form is processed 2 weeks in advance. Withdrawal from the program requires a two week notice from the date the cancellation is received. Cancellations should be directed to the Afterschool Director.
- Registration Fees are **non-refundable**
- As part of our My Y Pricing rate structure, Adjusted Program Rate is available to all who qualify. Both Members and Non-Members must provide income verification at the Sales & Service Desk in order to receive an adjusted program rate.  
**Note:** All program rate adjustments are subject to branch-specific, program-specific caps. Standard rates are set by each individual branch.

#### REGISTRATION CHECKLIST

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

- Completed Registration Form**
- Registration Fee**
- CMS Alternate Stop Request** - All new and returning afterschool participants must complete the CMS Alternate Transportation Request form located on the CMS website for bus service to the Harris Y Afterschool.

**Note:** Transportation will be provided on a YMCA vehicle to and from Carmel & Quail Hollow Middle Schools \*The Harris YMCA requires at least 5 registrations from a school to provide transportation to that location.

#### KINDERGARTEN – 5<sup>TH</sup> GRADE

\* For Beverly Woods, Smithfield, Selwyn, Sharon, Charlotte Lab School, Olde Providence, Huntingtowne Farms, and Waddell Language Academy.

\*\*Please select your preferred day option.

- 5 Days/Week - \$289.57 per draft/\$2,895.72 annually for members. \$351.88 per draft/\$3,518.76 annually for non-members.
- 3 Days/Week - \$251.13 per draft/\$2,511.30 annually for members. \$309.65 per draft/\$3,096.50 annually for non-members.
- 2 Days/Week - \$207.42 per draft/\$2,074.22 annually for members. \$263.07 per draft/\$2,630.70 annually for non-members.

Please circle which days of the week your child will attend:

Monday Tuesday Wednesday Thursday Friday

**Note:** Prices may vary slightly based on specific days chosen

#### KINDERGARTEN – 5<sup>TH</sup> GRADE

\* For Barringer Academic Center, Cotswold, Park Road Montessori, and Myers Park Traditional.

\*\*Please select your preferred day option.

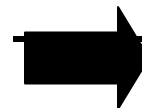
- 5 Days/Week - \$249.22 per draft/\$2,492.16 annually for members. \$301.96 per draft/\$3,019.62 annually for non-members.
- 3 Days/Week - \$214.17 per draft/\$2,141.70 annually for members. \$263.34 per draft/\$2,633.40 annually for non-members.
- 2 Days/Week - \$179.45 per draft/\$1,794.50 annually for members. \$226.88 per draft/\$2,268.84 annually for non-members.

Please circle which days of the week your child will attend:

Monday Tuesday Wednesday Thursday Friday

**Note:** Prices may vary slightly based on specific days chosen

Middle School Afterschool and  
Autism Inclusion options on  
next page



### 6<sup>th</sup> – 8<sup>th</sup> GRADE

\*Please select your preferred programming option.

- After School - \$160.45 per draft/\$1,604.50 annually for members. \$190.54 per draft/\$1,905.40 annually for non-members.

**Note:** Transportation will be provided on a YMCA vehicle to and from Carmel & Quail Hollow Middle Schools \*The Harris YMCA requires at least 5 registrations from a school to provide transportation to that location.

### AUTISM INCLUSION AFTER SCHOOL (6<sup>th</sup> – 8<sup>th</sup> GRADE)

This program is run in partnership with Autism Charlotte and all registrants must be approved to register. Please contact Autism Charlotte at [info@autismcharlotte.org](mailto:info@autismcharlotte.org) or by phone at 704-910-4512 for more information.

**Note for Sales & Service Staff:** Please save a credit card onto the primary member's profile when registration form is taken. Any questions please contact Emily Keziah.

## PAYMENT INFORMATION AND DRAFT AUTHORIZATION FORM

### Debit/Credit Card Payment

Payment Type: Debit  Credit

Last 4 digits of CC #: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CCV# \_\_\_\_\_

Type: American Express \_\_\_\_\_ Discover \_\_\_\_\_

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If payment is not received by the due date (by 6:00 PM that day), you will incur a \$25.00 late payment fee in addition to the monthly fee.

**We offer automatic draft through by Credit/Debit Card. If you register after the 15<sup>th</sup> of the month you will need to pay for the remainder of that month plus the next month so that we have time to setup the draft. If a draft is returned there will be a \$25 return draft fee in addition to the above stated fees.**

**Please note that the monthly fee does not include Out of School Days, Holiday Camp or Spring Break Camp. Afterschool participants ONLY will have the option to register for Out of School and Early Release Days for a small additional fee.**

### Contact Us:

Jesse Hollars  
Youth Development Director  
704-716-6845  
[jesse.hollars@ymcacharlotte.org](mailto:jesse.hollars@ymcacharlotte.org)

Laura Pena  
Associate Youth Development Director  
704-716-6831  
[laura.pena@ymcacharlotte.org](mailto:laura.pena@ymcacharlotte.org)

**SELECT YOUR BRANCH:**

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

**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:** \_\_\_\_\_