



**For Office Use Only:**

- Payment Information
- Entered in Computer
- Copied
- On Rosters
- CCDF G Form
- Faxed
- BAS Site
- Called BAS Director
- Emailed
- MFA \_\_\_\_\_

# 2013-2014 BEFORE & AFTER REGISTRATION FORM YMCA YOUTH ENRICHMENT - GREENFIELD CENTRAL SCHOOLS

Please print legibly and include all information.  
Use additional forms for more children as needed.

**PROGRAM START DATE:** \_\_\_\_\_

**CHILD 1:**  Check here if your child attended last year  
(Y Office use only: Unity ID: \_\_\_\_\_)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_ / \_\_\_ / \_\_\_ Gender  M  F Age \_\_\_\_\_

Race \_\_\_\_\_ School Attending \_\_\_\_\_

Grade in Fall \_\_\_\_\_

Attendance:  1-2 Days/week  3-5 Days/week

Program:  Before-School  After-School  
 Before & After-School  School's Out Camp

**CHILD 2:**  Check here if your child attended last year  
(Y Office use only: Unity ID: \_\_\_\_\_)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_ / \_\_\_ / \_\_\_ Gender  M  F Age \_\_\_\_\_

Race \_\_\_\_\_ School Attending \_\_\_\_\_

Grade in Fall \_\_\_\_\_

Attendance:  1-2 Days/week  3-5 Days/week

Program:  Before-School  After-School  
 Before & After-School  School's Out Camp

## PARENT/GUARDIAN INFORMATION

1. Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ D.O.B (required): \_\_\_ / \_\_\_ / \_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  C  W  H

Alternate Phone: \_\_\_\_\_  C  W  H

Place of Employment: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ D.O.B (required): \_\_\_ / \_\_\_ / \_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  C  W  H

Alternate Phone: \_\_\_\_\_  C  W  H

Place of Employment: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## CHILD PICK-UP INFORMATION

Parent/guardian(s) listed at left are authorized to pick up child(ren), unless otherwise noted. You may also authorize the people named below to pick up your child(ren). For your child's safety, he/she will be released **ONLY** to those listed on this page. **All authorized persons must be 18 years of age or older and have a photo ID.** Changes to this list must be made in writing and may only be done by the parent or legal guardian whose signature appears on this registration form.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  C  W  H

Alternate Phone: \_\_\_\_\_  C  W  H

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  C  W  H

Alternate Phone: \_\_\_\_\_  C  W  H

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  C  W  H

Alternate Phone: \_\_\_\_\_  C  W  H

Relationship: \_\_\_\_\_

# PARENT/GUARDIAN AUTHORIZATION & SIGNATURE

## PROMOTION AGREEMENT (INITIAL ONLY TO OPT OUT):

The YMCA staff may take photographs during programs and post pictures on the web or use them in brochures or other Y materials. Please initial below if the Y does NOT have your permission to use photographs of your child(ren) in this manner. \_\_\_\_\_ (initial)  
 Child(ren)'s Name(s): \_\_\_\_\_

**TRANSPORTATION AGREEMENT:** Your child may be using bus transportation provided by the Y through the local schools. This might be for an afternoon swim, field trips, or for transportation to and from the site. By my signature below, I give permission for my child to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and that there will be at least one staff member present at all times. I agree to release the Young Men's Christian Association of Greater Indianapolis, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation on these bus trips.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

**BEHAVIOR MANAGEMENT POLICY:** Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we cannot continue to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which may include, but is not limited to:

1. Behavior that requires constant attention from the staff
  2. Inflicts physical or emotional harm to others
  3. Ignores or disobeys the program expectations for acceptable behavior
- Our goal is to work together with both the child and family to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program.

**PARENT AUTHORIZATION:** I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the YMCA. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted.

I certify that my child is amenable to behavior management and free from habits or attitudes which would make him/her unable to appropriately participate. I have studied the brochure and fees and understand the contents thereof.

In consideration of my child's participation in the activities of the Young Men's Christian Association of Greater Indianapolis (YMCA), I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the YMCA. I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representations and grant the authorizations contained herein.

I understand the YMCA of Greater Indianapolis does not allow YMCA employees to provide care to enrolled children outside of the approved YMCA activities. This would include babysitting, outings or trips. I understand that all YMCA staff have been informed of this policy and have signed a statement in agreement with the policy.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

## HEALTH INFORMATION - CHILD 1

Check all that apply, giving approximate dates, where applicable.

CHILD 1 NAME: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> ADD/ADHD                    | <input type="checkbox"/> DISEASES**       |
| <input type="checkbox"/> Autism                      | <input type="checkbox"/> German Measles   |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Mumps            |
| <input type="checkbox"/> Convulsions                 | <input type="checkbox"/> Chicken Pox      |
| <input type="checkbox"/> Heart Defect/Disease        | <input type="checkbox"/> ALLERGIES**      |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Food             |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Medicine         |
| <input type="checkbox"/> Frequent Ear Infection      | <input type="checkbox"/> Poison Ivy, Etc. |
| <input type="checkbox"/> Hypertension                | <input type="checkbox"/> Insect Stings    |

Tetanus Innoc.\* Date: \_\_\_\_\_ \*If no date is given, the Y will have a tetanus shot administered in case of emergency.

Child is up-to-date with all immunizations needed for school.

\*\*Details of above: \_\_\_\_\_

Current medications (send prescription in original bottle): \_\_\_\_\_

Operations or serious injuries; Disability due to chronic or recurring illness; Any specific activities to be encouraged or limited by physician's advice or Special needs (physical, mental or psychological) for staff awareness: \_\_\_\_\_

## HEALTH INFORMATION - CHILD 2

Check all that apply, giving approximate dates, where applicable.

CHILD 2 NAME: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> ADD/ADHD                    | <input type="checkbox"/> DISEASES**       |
| <input type="checkbox"/> Autism                      | <input type="checkbox"/> German Measles   |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Mumps            |
| <input type="checkbox"/> Convulsions                 | <input type="checkbox"/> Chicken Pox      |
| <input type="checkbox"/> Heart Defect/Disease        | <input type="checkbox"/> ALLERGIES**      |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Food             |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Medicine         |
| <input type="checkbox"/> Frequent Ear Infection      | <input type="checkbox"/> Poison Ivy, Etc. |
| <input type="checkbox"/> Hypertension                | <input type="checkbox"/> Insect Stings    |

Tetanus Innoc.\* Date: \_\_\_\_\_ \*If no date is given, the Y will have a tetanus shot administered in case of emergency.

Child is up-to-date with all immunizations needed for school.

\*\*Details of above: \_\_\_\_\_

Current medications (send prescription in original bottle): \_\_\_\_\_

Operations or serious injuries; Disability due to chronic or recurring illness; Any specific activities to be encouraged or limited by physician's advice or Special needs (physical, mental or psychological) for staff awareness: \_\_\_\_\_

## PAYMENT INFORMATION

For YMCA Youth Enrichment Programs with Greenfield Central Schools, please return your registration form (and Program Registration Fee – \$30 per child or \$50 per household, unless a YMCA member) to:

**YMCA YOUTH ENRICHMENT NORTH OFFICE**

9093 Technology Drive • Fishers, IN 46038 • Phone: 317.577.2070

The Parent or Legal Guardian listed below is responsible for the payment of fees. The YMCA office must approve any changes to this plan. **Please Note:** A Before School Program is not offered at all schools. Please contact the YMCA office listed above for up-to-date information.

The YMCA is unique because your membership rates and programs fees are based on total household income. The YMCA is able to offer this sliding fee scale thanks to the generous donors whose contributions enable us to live our mission of being open and accessible to all. Please call the YMCA office listed above if you would like more information.

**Household Income (Optional):**

< \$15,000    \$15,001-\$25,000    \$25,001-\$35,000    \$35,001-\$45,000    \$45,001-\$55,000    \$55,001+

**Please Check (If Applicable):**

- We have a YMCA of Greater Indianapolis family or youth membership.
- Child is a dependent of a YMCA of Greater Indianapolis Staff Member.
- Child is a dependent of a School Employee. List School where employed: \_\_\_\_\_

**PROGRAM OPTIONS:** Please check the box under the appropriate option.

When registering more than one child, please designate the choice of payment plan for each child.

PROGRAM	1-2 Days/ Weekly	1-2 Days/ Monthly	3-5 Days/ Weekly	3-5 Days/ Monthly	School's Out Days & Snow Days
<b>After Care (PM)</b>	\$29	\$113	\$61	\$219	Daily: <input type="checkbox"/> \$36 Y Members, <input type="checkbox"/> \$41 All Others Weekly: <input type="checkbox"/> \$134 Y Members, <input type="checkbox"/> \$169 All Others

**Please Note:**

- Early Release and School Delays are **included** in regular before & after care fees.
- Fees for School's Out Days and Snow Days are **in addition to** regular before & after care fees.
- Program offerings may vary by school and could be subject to change. Please contact your YMCA Youth Enrichment Office for up-to-date information.
- Late Pick-Up Fees will be assessed after the 6:10 p.m. "grace period" at \$1.00 per minute per child. (Refer to Policy.)
- Late Payment Fees of \$10 per child will be assessed if the program payment deadlines are missed. (Refer to Policy.)

**PAYMENT METHODS – Please Check:**

- Mail in or drop off payment with payment coupons (available for all payment options at your local YMCA Center)
- Monthly Bank Draft \*
- Monthly Credit Card Draft \*
- Weekly Credit Card Draft \*
- Online Payments
- CCDF (approved voucher required) prior to program participation.) \*\*

\* No payments are permitted at the school site.

\* Additional forms must be completed for these plans.

\* Weekly payments are due the Friday prior to your child attending the program.

\*\*CCDF participants may have to pay copay or over market rate.

I certify that I am the parent or legal guardian of this child and I have the legal authority to make the representations and grant the authorizations contained herein.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**