



For Office Use Only:

Payment Information Faxed
 Copied Entered in Computer
 On Rosters Emailed
 CCDF Form

2014-2015 AFTER SCHOOL REGISTRATION FORM YMCA YOUTH DEVELOPMENT - GREENFIELD-CENTRAL

**ENJOY THE SAME RATES
AS LAST YEAR!**

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

CHILD 2: Check here if your child attended last year

(Y Office use only: Unity ID: _____)

(Y Office use only: Unity ID: _____)

First _____ Middle _____ Last _____

First _____ Middle _____ Last _____

Birthdate ____ / ____ / ____ Gender M F Age ____

Birthdate ____ / ____ / ____ Gender M F Age ____

Race _____ School Attending _____

Race _____ School Attending _____

Grade in Fall ____ Primary Language Spoken: _____

Grade in Fall ____ Primary Language Spoken: _____

Secondary Language Spoken: _____

Secondary Language Spoken: _____

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

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

Program: After School
 School's Out Camp

Program: After School
 School's Out Camp

PARENT/GUARDIAN INFORMATION

CHILD PICK-UP INFORMATION

1. Guardian Name: _____

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.

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: _____

1. Name: _____

Address: _____

Primary Phone: _____ C W H

Alternate Phone: _____ C W H

Relationship: _____

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: _____

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

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.

PARENT AUTHORIZATION: My child(ren) has medical approval to participate in the activities of the Young Men's Christian Association of Greater Indianapolis ("YMCA."), and in my judgment my child(ren) is in good health and physical condition and able safely to participate in

the activities of the YMCA. My child(ren) has my permission to engage in all activities offered by the YMCA except as noted by me in writing. I certify that my child(ren) is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and understand the contents thereof. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. In consideration of my child(ren)'s participation in the activities of the YMCA, I promise and agree on behalf of myself, my spouse or partner or other family member not to sue and agree to waive, release, discharge, and hold harmless and indemnify the YMCA, its agents, employees, members and volunteers from all claims, demands, rights and causes of action of any kind, whether arising from my own acts or omissions, those of my child(ren), or those of the YMCA or other person. I hereby waive all claims for injury or damage, suffered by my child(ren), myself, my spouse, my partner, or other family member in connection with or arising out of the participation of my child(ren) in YMCA activities or use of YMCA equipment or facilities.

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

PROMOTIONAL AGREEMENT: (INITIAL ONLY TO OPT OUT)

Please initial below if the Y **DOES NOT** have your permission to use photographs of your child(ren) for promotional purposes.
_____(initial) Child(ren)'s Name(s): _____

TEXT MESSAGES: (INITIAL ONLY TO OPT OUT)

Please initial only to **OPT OUT** of occasional YMCA text updates: _____(Initial)

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 | ALLERGIES |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Food: _____ |
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Medicine: _____ |
| <input type="checkbox"/> Heart Defect/Disease | _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Poison Ivy, Etc. |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Frequent Ear Infection | _____ |
| <input type="checkbox"/> Hypertension | _____ |

DISEASES

- German Measles
 Mumps
 Chicken Pox

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.

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 | ALLERGIES |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Food: _____ |
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Medicine: _____ |
| <input type="checkbox"/> Heart Defect/Disease | _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Poison Ivy, Etc. |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Frequent Ear Infection | _____ |
| <input type="checkbox"/> Hypertension | _____ |

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PAYMENT INFORMATION

Return your registration form and non-refundable Program Registration Fee – \$30 per child or \$50 per household, (unless a YMCA member) to:

- **Youth Development North Office** - 317.577.2070 • 9093 Technology Dr., Ste. 101 • Fishers, IN 46038
- **Youth Development South Office** - 317.887.8788 • 7800 S. Shelby St., Ste. 100 • Indianapolis, IN 46227
- **Youth Development Central, East, & West Office** - 317.226.9122 • 615 N. Alabama St., Ste. 400 • Indianapolis, IN 46204

The parent or legal guardian listed below is responsible for the payment of fees. The YMCA office must approve any changes to this plan.

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 a 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+

Does your child qualify for Free or Reduced Lunch? Yes No

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	1-2 Days / Weekly	1-2 Days/ Monthly	3-5 Days/ Weekly	3-5 Days/ Monthly	School's Out Days & Snow Days
After Care (PM)	\$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

ENJOY THE SAME RATES AS LAST YEAR!

PLEASE NOTE:

- Early Release and School Delays are **included** in regular before & after care fees.
- Fees for Snow Days and School's Out 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 Development Office for up-to-date information.
- **LATE PICK-UP:** Parents who arrive after 6:00pm will be assessed a late fee of \$1 per minute, per child. After three late arrivals, we will ask that you make other arrangements. If a child has not been picked up by 7:00pm and no authorized contact person has been reached, the staff will follow the YMCA safety policy and procedures and contact the local police.
_____ (PLEASE INITIAL)
- **LATE PAYMENTS:** If paying weekly, payment must be made by the end of day Friday prior to the week your child attends the Y program. If paying monthly, this payment must be made by the end of day on the 1st of each month. Late payment fees of \$10 per child will be assessed if the program payment deadlines are missed.
_____ (PLEASE INITIAL)

PAYMENT METHODS* - Please Check:

- Mail in or drop off payment with payment coupons (coupons are available on our website at indymca.org/youthdevelopment)
- Monthly Bank Draft- Additional form required Monthly Credit Card Draft- Additional form required
- Weekly Credit Card Draft- Additional form required Online Payments
- CCDF: Approved voucher required prior to program participation. Participants may have to pay a copay or over market rate.

*No payments are permitted at the school site.

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

YMCA–Youth Development 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 may not be able to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which requires constant attention from the staff including, but not limited to: hitting, kicking, spitting, hostile verbal behavior, other behaviors which will hurt another child or staff member, and attempting to leave the program space.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

YMCA Program Expectations

- Speak for yourself
- Listen to others
- Use put-ups; not put-downs
- Care for others, the property, and yourself
- Be honest
- Show respect for all
- Be responsible for yourself
- Do unto others as you would have them do unto you

Our goal is to work together with the child and family, as well as the school personnel when deemed necessary, to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program. A child may receive up to three written behavior reports. After a third written report is received, the child may be removed from the program until a parent conference is held. The parent conference may include the parent/guardian, program director, site staff, and the child. The child may be allowed to return to the program after the parent conference and a behavior improvement plan is developed. If a child receives a fourth written warning we may ask the family to make alternative child care arrangements for the remainder of the current school year. Please note that all behavior management plans are based on the individual child and situation, and we reserve the right to adapt procedures accordingly.

The YMCA of Greater Indianapolis will make every effort to reasonably accommodate children with disabilities into programs and activities. YMCA staff will work closely with parents/guardians and other professionals to carefully meet and respond to the unique needs of children and families, including but not limited to identifying and removing barriers to participation and using developmentally appropriate practices to provide an inclusive and safe environment.

Occasionally, despite program modifications and efforts to accommodate children, it may be determined that YMCA programs are unable to meet the needs of a child. If a child's participation poses a significant risk to the health or safety of self or others, which CANNOT be lessened by modifications in policies, practices or procedures, or the provision of services, a child may be removed from the program.

As a parent/guardian, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions. (Please attach more documentation if needed)

Child's Name _____ Date of Birth _____

School Attending _____

Parent/Guardian Signature _____ Date _____