



**HAYES-TAYLOR YMCA
2016-2017 AFTER SCHOOL APPLICATION**

Office Use Only:
 Registration date _____
 # of weeks attending _____
 \$ amount paid _____
 Immunization Records _____

**IMMUNIZATION RECORDS, REGISTRATION AND \$30.00 DEPOSIT
APPLICATION OR REGISTRATION IS NOT COMPLETE.**

PLEASE PRINT CLEARLY

Child's Name: _____ Age: _____ Date of Birth: _____ Gender: _____

School _____ Grade for 2016-2017: _____

Address: _____ City: _____ State: _____ Zip _____

Parent/Guardian 1 Name: _____ Relation: Mother Father Other: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Work Phone: _____ *E-mail: _____

Parent/Guardian 2 Name: _____ Relation: Mother Father Other: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Work Phone: _____ *E-mail: _____

Address _____

Child Lives with (circle): Mother Father Other: _____

Payment Method: (circle) Private Pay DSS Voucher Other: _____

PHOTOGRAPHIC CONSENT

Please initial one of the following for photographic consent. All photographs taken will be for the YMCA's website, flyers, newsletters, bulletin boards and community papers. I will not be provided any monetary gain if my child is pictured in a publication.

____ I **will** allow my child to take photos during the after school program.

____ I **will not** allow my child to take photos during the after school program.

EMERGENCY INFORMATION

Non-parent Emergency Contact: _____ Phone _____

Non-parent Emergency Contact: _____ Phone _____

Primary Doctor: _____ Phone: _____

Preferred Hospital: _____

Does your child have special needs? Yes No If yes, please explain: _____

Does your child have any allergies? Yes No If yes, please explain: _____

Does your child have any particular fears? Yes No If yes, please explain: _____

Does your child have any of the following? (circle)

ADHD ADD ODD Asthma Autism Down Syndrome Seizure Disorder Behavior Disorder

If so, please provide special instructions (additional forms are required for medications):

PICK UP INFORMATION

Please list individuals who are 18 years or older who can pick your child up from after school (Identification Required) _____



HAYES-TAYLOR YMCA

DISCIPLINE & BEHAVIOR MANAGEMENT POLICY

Praise and Positive Reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

THE STAFF AT HAYES-TAYLOR YMCA:

1. DO praise, reward, and encourage the children
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children
6. DO provide alternatives for the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to the children on their levels.
11. DO use short supervised periods of "time out".
12. DO stay consistent in our behavior management program.
1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, and boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, ethnic groups, or disabilities.

I have read and understand the YMCA behavior policy. I understand that I can ask for clarification of these policies. I understand that the YMCA is a mandated reporter of suspected child abuse or neglect.

Parent/Guardian Signature _____ Date: _____



STATEMENTS OF UNDERSTANDING

I, _____ (parent/guardian) of _____ give my permission to Hayes-Taylor YMCA for my child to:

PLEASE INITIAL:

_____ To be transported on YMCA vehicles to scheduled field trips and outings.
I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

_____ To play outside and inside of fenced areas such as parks and open fields.
I understand that my child will not play in areas that are hazardous to their safety. And I understand that the child to staff ratio is 1:19 therefore my child will be supervised adequately.

_____ To swim at the scheduled times in the swimming pool at Hayes-Taylor YMCA.
I understand that there will always be a lifeguard on duty when my child is swimming. I also understand that the staff to child ratio while swimming is 1:13 for children. I understand that there is 1 staff member in the pool with children at all times and 1 staff member walking around the pool at all times. (NO 2- piece swimsuits or street clothes allowed in the pool)

I UNDERSTAND:

_____ That the after school program is not the best fit for every child. I understand that the staff will make every effort to help all children become acclimated to the program. In the event that the staff, director or my efforts are not effective then my child may be removed from the after school program. I understand that I will be reimbursed all fees paid for the weeks my child did not attend.

_____ That in the event that an item is broken or destroyed during the after school program by my child; I understand that I am responsible for replacing the broken item. Normal wear and tear is expected of materials but the purposeful breaking or destroying of YMCA property will result in the replacement of the item or the child's removal from the program.

_____ That all payments for after school are due the Friday before the week they attend.

_____ I have read and understand the YMCA discipline policy; and I have received a copy of the NC Child Care Laws and Rules, and I have received a copy of the Hayes-Taylor after school parent handbook.

Parent/Guardian Signature _____ Date _____



AFTERSCHOOL TRANSPORTATION POLICY

I give the Hayes-Taylor YMCA's after school program permission to transport my child _____ (child's name) from _____ (school) to Hayes Taylor YMCA located at 2630 East Florida Street. I understand that if my child is not attending the YMCA after school program on a particular day, I am required to call the YMCA at (336) 272-2131 by 12:00pm on or before the date my child is not attending. If I do not call the YMCA and provide absence information, I understand that I can be charged a \$10.00 transportation fee.

Transportation Procedures:

- Children are picked up from school and will quietly board the bus.
- Children are marked as present or absent on the bus roster.
- If a child has not boarded the bus and school personnel informs the YMCA staff that the child is not present to ride the bus then YMCA staff will obtain the signature of the school personnel who provided the absence information. YMCA staff will also call the parent of the absent child.
- If a parent is picking a child up from school and removes them from the bus then the parent must sign that child off of the bus and provide proof of identification.
- If there is ever a question regarding transportation YMCA staff will call the parent or the YMCA branch to get clarification.
- If a child is disruptive on the YMCA bus the YMCA reserves the right to disallow or suspend that child from riding the bus.

Parent Signature _____ Date _____



RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) **GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) **MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) **INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE.** You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Note: Hayes-Taylor YMCA carries liability insurance but health/accident insurance is the sole responsibility of the parent/guardian.

I agree that I must hold health/accident insurance on my child and that I must provide this information to the YMCA. If I am unavailable in the event that my child needs medical attention, I hereby give permission to the YMCA staff of any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses.

I give my child permission to play inside and outside of fenced areas, to be transported on any trips or outings, and to swim at the YMCA pool on the designated swim days. My child is physically fit to participate in the Hayes-Taylor after school program and has my permission to do so.

If in an event that my child needs medical attention, I hereby give permission to the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses. I have read and understand the YMCA discipline policy; and I have received a copy of the NC Child Care Laws and Rules, and I have received a copy of the Hayes-Taylor after school parent handbook.

Parent Signature _____ Date _____