

_____ The YMCA agrees to keep parent/guardian informed of any incidents, including; illnesses, injuries, exposure to communicable diseases.

_____ I understand that the YMCA staff and volunteers are not allowed to baby-sit, socialize or transport children at any time outside of the YMCA program. (YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)

_____ I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

_____ I understand that neither the YMCA nor its representatives can be held responsible in the events of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my youth.

_____ I understand that the YMCA and staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.

_____ I understand that the YMCA may terminate my child's enrollment for any of the following reasons:

- Parents/Guardians are late picking up child after program ends.
- Non-payment, late payment or NSF payment of fees.
- Failure to adhere to the sign-in/sign out policies.
- Contact and emergency contact information is incorrect and/or not updated.
- Child leaving the YMCA program without being signed out by authorized adult.
- Behavior that is continually disruptive or dangerous to self and/or others.
- Behavior that is destructive to property and/or refusal to replace said property.
- Any single incident that is deemed by the YMCA to be harmful, dangerous or disruptive.
- Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, friend, relative etc.).

Agreement to Adhere to the Policies/Procedures and expectations: I acknowledge that the above referenced youth and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Parent/Youth Packet. Further, we agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so could result in dismissal from the program. By initialing the policies and authorization statements above and signing below, I acknowledge that I have read and understand the policies/guidelines and agree to abide by them.

Acuerdo para seguir las políticas y procedimientos: Entiendo que mi niño y yo hemos leído y entendido las políticas y procedimientos establecidos por el programa que se encuentran en el manual de padres. Además acordamos seguir las políticas y guías de conducta y entiendo que de no hacerlo mi niño puede ser dado de baja del programa. Al poner mis iniciales en las políticas y autorizaciones y con mi firma en esta forma acepto que las he leído y entendido. Una versión de las políticas y guía del programa está disponible en español, pero entiendo que la versión en inglés que he inicializado y firmado es la versión legal de este contrato.

Parent/Guardian Signature / Firma del Padre: _____ Date / Fecha: _____

YMCA Staff Signature / Empleado de YMCA: _____ Date / Fecha: _____



HALL COUNTY COMMUNITY YMCA

YMCA Kids' Time Registration Form

Tiempo de niños Programa para después de la escuela

CHILD ENROLLMENT FORM / FORMA DE INSCRIPCION

Please complete ALL sections. Do not leave any lines blank. Please mark any area that is not applicable as N/A. Please print using ink.

Information gathered is used for YMCA purposes only in compliance with licensing regulations.

Information may be used to apply for additional grant funds to further invest in the children of our community.

Program Start Date/ Fecha de inicio en el programa: _____/_____/_____

School Name/ Nombre de la Escuela: _____ **Grade/ Grado:** _____

Child's Name / Nombre del niño: _____ **Birth Date / Fecha de Nacimiento:** _____

Age / Edad: _____ **Race/ Ethnicity - Raza/Grupo Étnico:** _____ **Gender / Sexo:** M F

Home Phone / Número de teléfono: _____

Street Address / Dirección: _____

City / Ciudad: _____ **Zip / Código Postal:** _____

Child lives with/ El niño vive con: mother / mamá father / papá other/ otro: _____

Where do you live? ¿Dónde vive?

___ South Hall / Sur del Condado de Hall

___ North Hall / Norte del Condado de Hall

___ Gainesville City / ciudad de Gainesville

___ Other / Otro _____

Household Income Level/ Nivel de ingresos en el hogar:

___ Under / Menos \$15,000

___ \$15,001 - \$25,000

___ \$25,001 - \$35,000

___ \$35,001-\$45,000

___ \$45,001-\$60,000

___ \$60,001 and over

1. Father / Guardian Name / Nombre del Padre o tutor: _____
Relationship / Relación con el niño: _____
Street Address / Dirección: _____
City/ Ciudad: _____ State/ Estado: _____ Zip /Cód. Postal: _____
Home Phone / Número de teléfono: _____ Cell Phone/ Tel. celular: _____
Employer / Lugar de trabajo: _____
Employer's Address / Dirección de trabajo: _____
Work Phone / Núm. de tel. de trabajo: _____
E-Mail _____

2. Mother / Guardian Name / Nombre del Padre o tutor: _____
Relationship / Relación con el niño: _____
Street Address / Dirección: _____
City/ Ciudad: _____ State/ Estado: _____ Zip /Cód. Postal: _____
Home Phone / Número de teléfono: _____ Cell Phone/ Tel. celular: _____
Employer / Lugar de trabajo: _____
Employer's Address / Dirección de trabajo: _____
Work Phone / Núm. de tel. de trabajo: _____
E-Mail _____

CHILD HEALTH INFORMATION / INFORMACIÓN DE SALUD DEL NIÑO

(This section must be completed in full per state licensing requirements)

(Esta sección debe ser llenada por completo para poder participar en el programa.)

Authorized Physician / Médico autorizado: _____

Physician's number / Núm. de tel. del médico: _____

Clinic / Clínica o Hospital: _____

Does your child have any allergies? / ¿Su Niño tiene alguna alergia? _____ Yes _____ No

if yes, please explain allergy and reaction / En caso de que las tenga, por favor explique la alergia y reacción:

Does your child have any disability, chronic or recurring illness or conditions, i.e. asthma, diabetes, etc.? /

¿Su niño tiene alguna discapacidad, enfermedad crónica o recurrente o alguna situación especial como asma, diabetes, etc?

_____ Yes _____ No **if yes, please explain / explique:** _____

Current Medications / Medicamentos que toma actualmente: _____

My Child has the following Special Needs / Mi hijo tiene las siguientes necesidades especiales:

Autism Mental Retardation Social/Emotional Disorder ADD Behavior Disorder
 Aspergers Speech Delay Development Disorder ADHD Other: _____

The following accommodations may be required to most effectively meet my child's needs in the Kids' Time Program / Mi hijo requiere de las siguientes especificaciones para poder satisfacer de forma más efectiva las necesidades que tenga durante el programa.

A current immunization record must be on file prior to the first day of after-school and must be verified by a YMCA staff member. Child cannot begin the program without the immunization record. / Antes del primer día de asistencia al programa para después de la escuela la YMCA debe tener una copia de los records de vacunas del niño en sus archivos. El niño no puede iniciar el programa sin esta información en su forma de inscripción.

EMERGENCY CONTACT/ PARENT PICK-UP AUTHORIZATION CONTACTOS DE EMERGENCIA / AUTORIZACIÓN PARA RECOGER AL NIÑO

In the event of an emergency the YMCA will take all possible steps to locate parent/guardians. In the event a parent/guardian cannot be reached I authorize the YMCA to contact the following people. The YMCA staff will only release a child to the parent/guardians or contacts listed below. **Any person picking up a child will be asked to show a picture ID/Driver's License and must be 18 years old and older /** En caso de una emergencia el programa de YMCA tomará todas las medidas necesarias para localizar a los padres o tutores. En caso de no poder encontrar a los padres o tutores se contactará a las personas que están registradas como números de contacto en caso de emergencia. Los empleados de YMCA solo permitirán que el niño salga de la escuela con sus padres o con alguna de las personas asignadas en la lista siguiente. **Cualquiera de las personas que se encuentren asignadas en la lista para recoger al niño se les solicitará que presenten una identificación con fotografía tal como una licencia de conducir y debe ser mayor de 18 años.**

1. Name / Nombre: _____ **Address / Dirección:** _____

Home / Cell Phone / Tel. celular: _____ **Work Phone / Núm. de tel. de trabajo:** _____

2. Name / Nombre: _____ **Address / Dirección:** _____

Home / Cell Phone / Tel. celular: _____ **Work Phone / Núm. de tel. de trabajo:** _____

PROGRAM POLICIES & AUTHORIZATIONS PÓLIZAS DEL PROGRAMA Y AUTORIZACIONES

This page contains a summary of the various sections of the parent handbook with which you have been provided. The information contained above and herein is complete and correct, and that the referenced youth is able to engage in all activities except where limitations have been noted.

Please read and initial the following policies and authorizations: / Por favor lea e inicialice las siguientes políticas y autorizaciones:

_____ The Hall County YMCA agrees to provide child care Monday-Friday from school dismissal until 6:00 PM. This care includes a afternoon snack.

_____ I understand that the YMCA's supervision for my youth begins when my child arrives at the school cafeteria/gym and is checked in by the YMCA personnel.

_____ I understand that the YMCA's responsibility for my child ends when an authorized adult or myself has signed out my child or when the child boards the school bus home from the YMCA program.

_____ I understand that I am not to leave my child at the YMCA or a program site unless released to a YMCA staff person who is there to receive and supervise my child.

_____ I understand that I have the right to visit the YMCA program at any time to observe the program and my child's participation in the program.

_____ I give permission for the YMCA to administer basic first aid, and in the event of an emergency, to secure a physician for emergency medical treatment for my child. I understand that a conscious effort will be made to contact the parent/guardian before seeking treatment. I understand and accept that this expense is my responsibility as the YMCA does not carry accident insurance for participants. I understand it is my responsibility to carry primary accident insurance.

_____ I give permission for the YMCA to contact the emergency contacts listed above in the event they are unable to reach the parent/guardian.

_____ I understand that my child must be signed in/out and escorted out of the after-school program daily, by an adult over the age of 18 and older.

_____ I understand the YMCA will only release my child to the parents/guardians and contacts listed on this form. I understand that I must provide in writing, authorization for my child to be picked up by someone other than the individuals listed on this form.

_____ I understand that before any medication is dispensed to my child, I must provide written authorization, which must include: date, child's name, name of medication, prescription number, if any; dosage, date and time to be dispensed and parent/guardian signature. All medication must be in its original container. The YMCA staff will keep a written verification log of date, time, and staff member who administered the medication and any reactions to the medication.

_____ I acknowledge it is my responsibility to keep the YMCA advised of any significant changes to my child's enrollment form to include but not limited to; addresses and phone numbers of all individuals, change in work location, family doctor, allergies and other health information. I agree to provide this information to the YMCA at the time of the changes.

_____ I understand that it is mine and my child's responsibility to know and abide by all policies and procedures included in the Parent Handbook and that I have received a copy of this document.

_____ I understand that failure to pay my Afterschool payments promptly will result in removal from the program and my balance may be sent to a collections agency. If this occurs, I understand that I am responsible for coordinating alternate care for my child when school ends.

_____ I understand that I must give at least 7 calendar days written notice to the YMCA Member Services Department if there are any changes in my program schedule. If I do not give 7 calendar days written notice, I will be responsible for payment in full.

_____ I understand that my child may be photographed; videotaped and/or recorded by YMCA staff or their representatives and used in their general publicity materials.

_____ I understand that my child will participate in chapel/character development activities. I give permission for my child to participate in character development activities, scheduled field trips, and to participate in activities that involve water while under the supervision of the YMCA staff or their representatives